

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		184057.86
(b) Cash on Hand at Beginning of Reporting Period.....	252984.39	
(c) Total Receipts (from Line 19)	49513.66	459940.19
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	302498.05	643998.05
7. Total Disbursements (from Line 31).....	58100.00	399600.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	244398.05	244398.05
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	41593.70	320251.64
(ii) Unitemized	6919.96	74203.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	48513.66	394455.14
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	48513.66	394455.14
12. Transfers From Affiliated/Other Party Committees.....	0.00	54285.05
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	1000.00	11000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	200.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	49513.66	459940.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	49513.66	459940.19

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	39000.00	374500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1300.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1300.00
29. Other Disbursements	19100.00	23800.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	58100.00	399600.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	58100.00	399600.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	48513.66	394455.14
34. Total Contribution Refunds (from Line 28(d))	0.00	1300.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	48513.66	393155.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. DEBORAH STREB
Full Name (Last, First, Middle Initial)
Mailing Address 2201 NORTH STAR ROAD
City UPPER ARLINGTON State OH Zip Code 43221-3810
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Project Management
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **224.00**

Date of Receipt **07 / 31 / 2012**
Transaction ID : PR1159794128222
Amount of Each Receipt this Period **28.00**
P/R Deduction (\$14.00 Bi-Weekly)

B. ANTHONY KAZLAUSKAS
Full Name (Last, First, Middle Initial)
Mailing Address 11 CARNIVAL TERRACE
City WEST WARWICK State RI Zip Code 02893-1985
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Sr Medical Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **320.00**

Date of Receipt **07 / 31 / 2012**
Transaction ID : PR1159794628222
Amount of Each Receipt this Period **40.00**
P/R Deduction (\$20.00 Bi-Weekly)

C. CARLA MUGGIO
Full Name (Last, First, Middle Initial)
Mailing Address 3533 FAIR OAKS LANE
City LONGBOAT KEY State FL Zip Code 34228-4121
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Network Contract Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **307.68**

Date of Receipt **07 / 31 / 2012**
Transaction ID : PR1159798228222
Amount of Each Receipt this Period **38.46**
P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	106.46
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. BRIAN BELLOWS

Mailing Address 10 SHADOWOOD LANE

City State Zip Code
TRUMBULL CT 06611-4062

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc Dir Bus Dvlp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
07 / 31 / 2012

Transaction ID : PR115980382822

Amount of Each Receipt this Period
30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. KEITH NOBLITT

Mailing Address 122 SOUTH OAK POINTE DR

City State Zip Code
SENECA SC 29672-6764

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc SCE 3 - Natl Accts Individ Contr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt
07 / 31 / 2012

Transaction ID : PR1159805528222

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. JAMES WATSON

Mailing Address 6520 SHENANDOAH DR

City State Zip Code
LINCOLN NE 68510-5159

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc Associate General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
07 / 31 / 2012

Transaction ID : PR1159806028222

Amount of Each Receipt this Period
50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **120.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. WAYNE COOK
Full Name (Last, First, Middle Initial)

Mailing Address 1200 PEBBLE HILL ROAD

City DOYLESTOWN State PA Zip Code 18901-3007

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR1159812828222

Amount of Each Receipt this Period 120.00

P/R Deduction (\$60.00 Bi-Weekly)

B. DAVID WICHMANN
Full Name (Last, First, Middle Initial)

Mailing Address 7000 ANTRIM ROAD

City EDINA State MN Zip Code 55439-1708

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation EVP & Pres UHG Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3076.80

Date of Receipt 07 / 31 / 2012
Transaction ID : PR1159814728222

Amount of Each Receipt this Period 384.60

P/R Deduction (\$192.30 Bi-Weekly)

C. PATRICK ERLANDSON
Full Name (Last, First, Middle Initial)

Mailing Address 1000 OLD LONG LAKE ROAD

City WAYZATA State MN Zip Code 55391-9690

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SVP Business Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3076.80

Date of Receipt 07 / 31 / 2012
Transaction ID : PR1159815928222

Amount of Each Receipt this Period 384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 889.20

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 134
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. PATRICIA SAURO
Full Name (Last, First, Middle Initial)

Mailing Address 8943 HIDDEN MEADOW R

City State Zip Code
WOODBURY MN 55125-9138

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc Business Segment CAO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt
07 / 31 / 2012

Transaction ID : PR1159816428222

Amount of Each Receipt this Period
120.00

P/R Deduction (\$60.00 Bi-Weekly)

B. WILLIAM MUNSELL
Full Name (Last, First, Middle Initial)

Mailing Address 2119 WINDSONG CIRCLE

City State Zip Code
WAYZATA MN 55391-2259

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc EVP UnitedHealth Group

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1600.00**

Date of Receipt
07 / 31 / 2012

Transaction ID : PR1159816628222

Amount of Each Receipt this Period
200.00

P/R Deduction (\$100.00 Bi-Weekly)

C. JOHN PENSHORN
Full Name (Last, First, Middle Initial)

Mailing Address 120 BLACK OAKS LANE

City State Zip Code
WAYZATA MN 55391-1363

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc SVP UnitedHealth Group

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **3076.80**

Date of Receipt
07 / 31 / 2012

Transaction ID : PR1159816928222

Amount of Each Receipt this Period
384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	704.60
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 134
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. PAUL KALLMEYER		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 468 HERALD DR		Transaction ID : PR1159817428222
City AMBLER	State PA	Zip Code 19002-1530
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer United HealthCare Services Inc	Occupation Deputy General Counsel (Mgr)	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. TIMOTHY RYAN		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 4913 BRUCE AVE		Transaction ID : PR1159817928222
City EDINA	State MN	Zip Code 55424-1113
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 38.00	
Name of Employer United HealthCare Services Inc	Occupation Business Segment Gen Counsel	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.00	

Full Name (Last, First, Middle Initial) C. THOMAS QUIRK		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 4307 BEECHWOOD LANE		Transaction ID : PR1159819128222
City DALLAS	State TX	Zip Code 75220-1909
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer United HealthCare Services Inc	Occupation Health Plan CEO	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional).....▶	238.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. REED TUCKSON M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 3501 ZENITH AVE SOUTH

City MINNEAPOLIS	State MN	Zip Code 55416-4623
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation EVP Consumr Health & Med Care
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1846.08**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR1159819828222

Amount of Each Receipt this Period

230.76

P/R Deduction (\$115.38 Bi-Weekly)

B. DAVID FALK
Full Name (Last, First, Middle Initial)
Mailing Address 323 LAWRENCE AVE

City HIGHLAND PARK	State NJ	Zip Code 08904-1851
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Medical Director
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **224.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR1159820228222

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

C. WILLIAM TRACY
Full Name (Last, First, Middle Initial)
Mailing Address 13016 CANTERBURY

City LEAWOOD	State KS	Zip Code 66209-1768
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Health Plan CEO
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **923.20**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR1159821528222

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	374.16
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 134
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. RICHARD MIGLIORI
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 72
 City WAYZATA State MN Zip Code 55391-0072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Bus Initiatives & Clin Aff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR1159827428222
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. JEANNINE RIVET
 Full Name (Last, First, Middle Initial)
 Mailing Address 4305 TRILLIUM WAY
 City MINNETRISTA State MN Zip Code 55364-7708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation EVP UnitedHealth Group
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3076.80

Date of Receipt 07 / 31 / 2012
Transaction ID : PR1159830028222
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

C. JACK SHUFF
 Full Name (Last, First, Middle Initial)
 Mailing Address 360 ASPEN LANE
 City COVINGTON State LA Zip Code 70433-5736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SB RVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 624.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR1159830528222
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	662.60
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 134
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. JILL WINTERS		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 16 SPOEDE LN		Transaction ID : PR1159840428222
City SAINT LOUIS	State MO	Zip Code 63141-7708
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation VP Operations	Amount of Each Receipt this Period 108.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 864.00	P/R Deduction (\$54.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Mr. ANTHONY WELTERS		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 919 SAIGON ROAD		Transaction ID : PR1332013228222
City MCLEAN	State VA	Zip Code 22102-2116
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation EVP UnitedHealth Group	Amount of Each Receipt this Period 384.60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3076.80	P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. MICHAEL BRESOLIN		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 121 W VIEW STREET		Transaction ID : PR1551005728222
City LOMBARD	State IL	Zip Code 60148-1659
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation Dir Care Advocacy	Amount of Each Receipt this Period 40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	532.60
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 OF 134
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. JEFFREY KAGAN
Full Name (Last, First, Middle Initial)

Mailing Address 52 CRESTWOOD LANE

City FARMINGVILLE State NY Zip Code 11738-1000

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP, Product

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt **07 / 31 / 2012**

Transaction ID : PR1551132328222

Amount of Each Receipt this Period **40.00**

P/R Deduction (\$20.00 Bi-Weekly)

B. GERALD KNUTSON
Full Name (Last, First, Middle Initial)

Mailing Address 520 KIMBERLY LN N

City PLYMOUTH State MN Zip Code 55447-3588

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Business Segment CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt **07 / 31 / 2012**

Transaction ID : PR1551132528222

Amount of Each Receipt this Period **40.00**

P/R Deduction (\$20.00 Bi-Weekly)

C. MICHAEL MATTEO
Full Name (Last, First, Middle Initial)

Mailing Address 25 JEREMIAHS WAY

City SOUTH GLASTONBURY State CT Zip Code 06073-3621

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Chief Growth Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt **07 / 31 / 2012**

Transaction ID : PR1551133428222

Amount of Each Receipt this Period **38.46**

P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **118.46**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. DAWN OWENS		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 2119 E LAKE OF THE ISLES PKWY		Transaction ID : PR1551160328222
City MINNEAPOLIS	State MN	Zip Code 55405-2409
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer United HealthCare Services Inc	Occupation Business Segment CEO	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

Full Name (Last, First, Middle Initial) B. THOMAS VALERIUS		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 2820 DEER RUN TRAIL		Transaction ID : PR1551161328222
City LONG LAKE	State MN	Zip Code 55356-9690
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 153.84	
Name of Employer United HealthCare Services Inc	Occupation SVP Recruitment Svcs	P/R Deduction (\$76.92 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1230.72	

Full Name (Last, First, Middle Initial) C. LOIS WEIHRAUCH		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 10392 SHERMAN DRIVE		Transaction ID : PR1551161428222
City EDEN PRAIRIE	State MN	Zip Code 55347-4452
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 120.00	
Name of Employer United HealthCare Services Inc	Occupation VP General Management	P/R Deduction (\$60.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

SUBTOTAL of Receipts This Page (optional).....▶	473.84
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. JOHN ENDERLE
Full Name (Last, First, Middle Initial)

Mailing Address 31 ANDREIS TRAIL

City SOUTH WINDSOR State CT Zip Code 06074-2142

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **880.00**

Date of Receipt
 / /

Transaction ID : PR1554323528222

Amount of Each Receipt this Period

P/R Deduction (\$55.00 Bi-Weekly)

B. RICK JELINEK
Full Name (Last, First, Middle Initial)

Mailing Address 5570 WOODSIDE LANE

City EXCELSIOR State MN Zip Code 55331-7941

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Business Segment CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3076.80**

Date of Receipt
 / /

Transaction ID : PR1554323928222

Amount of Each Receipt this Period

P/R Deduction (\$192.30 Bi-Weekly)

C. MICHAEL RADU
Full Name (Last, First, Middle Initial)

Mailing Address 42820 VIOLA CT

City LEESBURG State VA Zip Code 20176-6847

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation COO, Collaborative Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **864.00**

Date of Receipt
 / /

Transaction ID : PR1554324528222

Amount of Each Receipt this Period

P/R Deduction (\$54.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="602.60"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 134
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. CATHERINE SPILLANE
Full Name (Last, First, Middle Initial)
Mailing Address 3807 PLEASANT VALLEY DRIVE

City MISSOURI CITY	State TX	Zip Code 77459-4111
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Business Process
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR1554324628222

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

B. KIRK STAPLETON
Full Name (Last, First, Middle Initial)
Mailing Address 3840 INGLEWOOD AVE S

City SAINT LOUIS PARK	State MN	Zip Code 55416-4924
--------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation VP Strategic Initiatives
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR1554324728222

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

C. KAREN ERICKSON
Full Name (Last, First, Middle Initial)
Mailing Address 15348 RED OAKS ROAD SE

City PRIOR LAKE	State MN	Zip Code 55372-1834
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Market Group CAO
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3076.80**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR1575957628222

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	523.06
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. ERNEST MONFILETTO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3062 COMFORT ROAD
 City NEW HOPE State PA Zip Code 18938-5622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Plan President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1230.72

Date of Receipt 07 / 31 / 2012
Transaction ID : PR1575958128222
 Amount of Each Receipt this Period 153.84
 P/R Deduction (\$76.92 Bi-Weekly)

B. LEE VALENTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 4701 GOLF TERRACE
 City EDINA State MN Zip Code 55424-1514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation President Life Sciences
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3076.80

Date of Receipt 07 / 31 / 2012
Transaction ID : PR1575958528222
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

C. THOMAS PAUL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2006 QUEEN AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55405-2350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Business Segment CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR1580864728222
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 738.44
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 134
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. ROBERT WEBB

Mailing Address 4516 DREXEL AVENUE

City State Zip Code
 EDINA MN 55424-1130

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Corporate SVP UnitedHealth Group

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3076.80

Date of Receipt
 07 / 31 / 2012
Transaction ID : PR1580865328222

Amount of Each Receipt this Period
 384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. RICHARD HUGHES

Mailing Address 735 SAINT MORITZ

City State Zip Code
 VICTORIA MN 55386-3706

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc SVP Human Capital Dvlpmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1600.00

Date of Receipt
 07 / 31 / 2012
Transaction ID : PR1596304128222

Amount of Each Receipt this Period
 200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. THAD JOHNSON

Mailing Address 16848 STIRRUP LN

City State Zip Code
 EDEN PRAIRIE MN 55347-3339

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc Market Group General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1600.00

Date of Receipt
 07 / 31 / 2012
Transaction ID : PR1596304328222

Amount of Each Receipt this Period
 200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 784.60

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 134
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. GAYE ADAMS MASSEY

Mailing Address 3801 ABBOTT AVE S

City State Zip Code
 MINNEAPOLIS MN 55410-1036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc Sr Deputy General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1846.08

Date of Receipt
 07 / 31 / 2012
Transaction ID : PR1596304528222

Amount of Each Receipt this Period
 230.76

P/R Deduction (\$115.38 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. JAY MATUSHAK

Mailing Address 9346 SHETLAND ROAD

City State Zip Code
 EDEN PRAIRIE MN 55347-3749

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Employer VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 224.00

Date of Receipt
 07 / 31 / 2012
Transaction ID : PR1596304628222

Amount of Each Receipt this Period
 28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. CAROL MORNESS

Mailing Address 401 N 2ND ST UNIT 512

City State Zip Code
 MINNEAPOLIS MN 55401-1591

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Employer Dir Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 615.36

Date of Receipt
 07 / 31 / 2012
Transaction ID : PR1596304928222

Amount of Each Receipt this Period
 76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 335.68

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 134
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. SCOTT THEISEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1950 MEADOWWOODS TRAIL
 City State Zip Code
 LONG LAKE MN 55356-9312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UnitedHealthcare Finance Business Segment CFO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 307.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : PR1596305628222
 Amount of Each Receipt this Period
 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

B. THOMAS LEWIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 306 CHIPPEWA AVENUE
 City State Zip Code
 TAMPA FL 33606-3614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Health Plan CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 615.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : PR1596306928222
 Amount of Each Receipt this Period
 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

C. ROBERT OBERRENDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4505 MOORLAND AVENUE
 City State Zip Code
 EDINA MN 55424-1158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP Treasurer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1760.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : PR1596307028222
 Amount of Each Receipt this Period
 220.00
 P/R Deduction (\$110.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	335.38
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. MICHAEL ANDERSON
Full Name (Last, First, Middle Initial)

Mailing Address 17907 INVERNESS CURVE

City State Zip Code
EDEN PRAIRIE MN 55347-2155

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc Dir Medical & Clinical Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
224.00

Date of Receipt
07 / 31 / 2012
Transaction ID : PR1596309328222

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

B. DIANE FLYNN
Full Name (Last, First, Middle Initial)

Mailing Address 3318 FOXRIDGE CIRCLE

City State Zip Code
TAMPA FL 33618-2149

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc VP, Medical & Clinical Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
624.00

Date of Receipt
07 / 31 / 2012
Transaction ID : PR1596309728222

Amount of Each Receipt this Period
78.00

P/R Deduction (\$39.00 Bi-Weekly)

C. LISA BEHNKE
Full Name (Last, First, Middle Initial)

Mailing Address 19647 CASA VERDE WAY

City State Zip Code
FORT MYERS FL 33967-0512

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
972.00

Date of Receipt
07 / 31 / 2012
Transaction ID : PR1596309828222

Amount of Each Receipt this Period
194.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. RAMON COTO
Full Name (Last, First, Middle Initial)

Mailing Address 14021 LEANING PINE DRIVE

City MIAMI LAKES	State FL	Zip Code 33014-2510
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation VP General Management
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR1596311528222

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

B. STEVAN GARCIA
Full Name (Last, First, Middle Initial)

Mailing Address 28115 BOULDER BRIDGE DRIVE

City EXCELSIOR	State MN	Zip Code 55331-7959
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation SVP Operations
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR1596312928222

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

C. KURT HEUMANN
Full Name (Last, First, Middle Initial)

Mailing Address 9825 GERALD DR

City SAINT LOUIS	State MO	Zip Code 63128-1767
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealthcare Finance	Occupation VP Finance
--	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR1596313728222

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	116.92
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. JOHN RENNICK
Full Name (Last, First, Middle Initial)

Mailing Address 3220 LAKEWOOD EDGE DRIVE

City CHARLOTTE State NC Zip Code 28269-7705

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt **07 / 31 / 2012**

Transaction ID : PR1596316828222

Amount of Each Receipt this Period **38.46**

P/R Deduction (\$19.23 Bi-Weekly)

B. DANIEL ROSENTHAL
Full Name (Last, First, Middle Initial)

Mailing Address 109 SLEEPY HOLLOW LANE

City ORINDA State CA Zip Code 94563-1340

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Health Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt **07 / 31 / 2012**

Transaction ID : PR1596317328222

Amount of Each Receipt this Period **38.46**

P/R Deduction (\$19.23 Bi-Weekly)

C. KEVIN RUTH
Full Name (Last, First, Middle Initial)

Mailing Address 16621 ALEXANDER MANOR DRIVE

City SILVER SPRING State MD Zip Code 20905-5028

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SVP Enterprise Clinical Alignm

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt **07 / 31 / 2012**

Transaction ID : PR1596317428222

Amount of Each Receipt this Period **150.00**

P/R Deduction (\$75.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **226.92**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. DAVID STURKEY

Mailing Address 1625 CONE FLOWER WAY

City SUWANEE State GA Zip Code 30024-8576

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation KA VP Sales and Account Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt **07 / 31 / 2012**

Transaction ID : PR1596318428222

Amount of Each Receipt this Period **78.00**

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. JEFFREY TODD

Mailing Address 467 PRAIRIE WAY SOUTH

City BAYPORT State MN Zip Code 55003-1607

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **07 / 31 / 2012**

Transaction ID : PR1596319028222

Amount of Each Receipt this Period **50.00**

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. M LAURIE WASSERSTEIN

Mailing Address 92 GOODWIN CIRCLE

City HARTFORD State CT Zip Code 06105-5205

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation PS National VP Account Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt **07 / 31 / 2012**

Transaction ID : PR1596319528222

Amount of Each Receipt this Period **38.46**

P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **166.46**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 134
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. MYRON WERLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4260 FOXBERRY COURT
 City MEDINA State MN Zip Code 55340-9390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR1596319628222
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. JOHN DODDY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 ROXITICUS VIEW
 City CHESTER State NJ Zip Code 07930-3020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Information Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 624.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR1600597328222
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. MICHAEL MICHAUX
 Full Name (Last, First, Middle Initial)
 Mailing Address 742 GOODRICH AVE
 City SAINT PAUL State MN Zip Code 55105-3343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP & GM PCM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR1600598528222
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	318.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 OF 134 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. LEWIS SANDY
Full Name (Last, First, Middle Initial)
Mailing Address 4800 SUNNYSLOPE ROAD E

City EDINA	State MN	Zip Code 55424-1163
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation SVP Clinical Advancement
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR1600598728222

Amount of Each Receipt this Period
200.00

P/R Deduction (\$100.00 Bi-Weekly)

B. MATTHEW PETERSON
Full Name (Last, First, Middle Initial)
Mailing Address 20595 SPENCER LANE

City EXCELSIOR	State MN	Zip Code 55331-4523
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Market Group CAO
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR1602669928222

Amount of Each Receipt this Period
200.00

P/R Deduction (\$100.00 Bi-Weekly)

C. JEFFREY MALONEY
Full Name (Last, First, Middle Initial)
Mailing Address 18076 CLEAR SPRING LANE

City EDEN PRAIRIE	State MN	Zip Code 55347-1078
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation VP General Management
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1538.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR1613243528222

Amount of Each Receipt this Period
192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	592.30
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. DANIEL WALLER
Full Name (Last, First, Middle Initial)

Mailing Address 17034 BAINBRIDGE DR

City State Zip Code
EDEN PRAIRIE MN 55347-2270

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UnitedHealthcare Finance Dir Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
07 / 31 / 2012

Transaction ID : PR1632360028222

Amount of Each Receipt this Period
60.00

P/R Deduction (\$30.00 Bi-Weekly)

B. WILLIAM KENNEDY
Full Name (Last, First, Middle Initial)

Mailing Address 14 MYRA LN

City State Zip Code
BURLINGTON CT 06013-1327

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc Dir IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt
07 / 31 / 2012

Transaction ID : PR1653443128222

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

C. STEVE KOOREN
Full Name (Last, First, Middle Initial)

Mailing Address 4444 ELLSWORTH DRIVE

City State Zip Code
EDINA MN 55435-4150

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc Business Segment CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **3076.80**

Date of Receipt
07 / 31 / 2012

Transaction ID : PR1653443228222

Amount of Each Receipt this Period
384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	484.60
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. THOMAS BELLAMY
Full Name (Last, First, Middle Initial)

Mailing Address 2743 THOMAS AVENUE SOUTH

City State Zip Code
MINNEAPOLIS MN 55416-4346

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc SB RVP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **923.20**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : PR1653444328222

Amount of Each Receipt this Period
115.40

P/R Deduction (\$57.70 Bi-Weekly)

B. ALISTAIR JACQUES
Full Name (Last, First, Middle Initial)

Mailing Address 645 OLD LONG LAKE ROAD

City State Zip Code
WAYZATA MN 55391-9684

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc Business Segment CIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **3076.80**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : PR1653445228222

Amount of Each Receipt this Period
384.60

P/R Deduction (\$192.30 Bi-Weekly)

C. ELIZABETH D. CORBIN
Full Name (Last, First, Middle Initial)

Mailing Address 7985 LEA CIRCLE

City State Zip Code
BLOOMINGTON MN 55438-1286

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc VP Health Care Initiatives

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1600.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : PR1669432228222

Amount of Each Receipt this Period
200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **700.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. Mr. MILES SNOWDEN		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 4349 FREMONT AVE S		Transaction ID : PR1746717828222
City MINNEAPOLIS	State MN	Zip Code 55409-1720
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 384.60
Name of Employer United HealthCare Services Inc	Occupation Chief Medical Officer	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3076.80	

Full Name (Last, First, Middle Initial) B. WILLIAM TALAMANTES		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 11618 ROLLING MEADOW DR		Transaction ID : PR1806444728222
City GREAT FALLS	State VA	Zip Code 22066-1342
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer United HealthCare Services Inc	Occupation Six Sigma Consultant	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.00	

Full Name (Last, First, Middle Initial) C. PAUL EMERSON		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 18855 MEADOW VIEW BLVD		Transaction ID : PR1806750328222
City PRIOR LAKE	State MN	Zip Code 55372-3133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.92
Name of Employer United HealthCare Services Inc	Occupation Business Segment CFO	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 615.36	

SUBTOTAL of Receipts This Page (optional).....▶	541.52
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. CATHERINE ANDERSON
Full Name (Last, First, Middle Initial)
Mailing Address 37 W 2000 S

City DRIGGS	State ID	Zip Code 83422-4874
FEC ID number of contributing federal political committee. C		
Name of Employer United HealthCare Services Inc	Occupation VP General Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 923.20	

Date of Receipt
MM / DD / YYYY
07 / 31 / 2012
Transaction ID : PR1903550728222

Amount of Each Receipt this Period
115.40

P/R Deduction (\$57.70 Bi-Weekly)

B. KATHLEEN BISHOP
Full Name (Last, First, Middle Initial)
Mailing Address 145 COTTAGE RD

City ENFIELD	State CT	Zip Code 06082-2208
FEC ID number of contributing federal political committee. C		
Name of Employer UnitedHealthcare Finance	Occupation Dir Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Date of Receipt
MM / DD / YYYY
07 / 31 / 2012
Transaction ID : PR1903560828222

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

C. ROBERT DUFEK
Full Name (Last, First, Middle Initial)
Mailing Address 816 PROMONTORY PLACE

City EAGAN	State MN	Zip Code 55123-2297
FEC ID number of contributing federal political committee. C		
Name of Employer United HealthCare Services Inc	Occupation VP, IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Date of Receipt
MM / DD / YYYY
07 / 31 / 2012
Transaction ID : PR1903577128222

Amount of Each Receipt this Period
50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	205.40
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. SUSAN EDBERG
Full Name (Last, First, Middle Initial)

Mailing Address 9727 WELLINGTON RIDGE

City WOODBURY	State MN	Zip Code 55125-9592
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Military & Veterans	Occupation Business Segment COO
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2012

Transaction ID : PR1903578128222

Amount of Each Receipt this Period
200.00

P/R Deduction (\$100.00 Bi-Weekly)

B. CHRISTOPHER JOHNSON
Full Name (Last, First, Middle Initial)

Mailing Address 12880 53RD STREET NORTH

City STILLWATER	State MN	Zip Code 55082-1063
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir General Management
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
624.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2012

Transaction ID : PR1903591128222

Amount of Each Receipt this Period
78.00

P/R Deduction (\$39.00 Bi-Weekly)

C. JOHN SANTELLI
Full Name (Last, First, Middle Initial)

Mailing Address 17498 GEORGE MORAN DRIVE

City EDEN PRAIRIE	State MN	Zip Code 55347-2163
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation SVP & CIO
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2012

Transaction ID : PR1903622028222

Amount of Each Receipt this Period
200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	478.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. PAUL WEYMOUTH
Full Name (Last, First, Middle Initial)
Mailing Address 128 WOODLAND RD
City COVENTRY State CT Zip Code 06238-2335
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation VP Finance
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 307.68

Date of Receipt 07 / 31 / 2012
Transaction ID : PR1903636928222
Amount of Each Receipt this Period 38.46
P/R Deduction (\$19.23 Bi-Weekly)

B. BRADLEY ALLEN
Full Name (Last, First, Middle Initial)
Mailing Address 1046 THORNBERRY CREEK DR
City ONEIDA State WI Zip Code 54155-8632
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Sr Associate General Counsel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2119466828222
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Bi-Weekly)

C. RUSSELL BENNETT
Full Name (Last, First, Middle Initial)
Mailing Address 4 HALSEY AVE
City LAGUNA NIGUEL State CA Zip Code 92677-5327
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Marketing Bus Dev
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 320.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2119468028222
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 118.46
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 134
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. SUSAN BERKEL		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 10 SHADOW GLEN		Transaction ID : PR2119468128222
City IRVINE	State CA	Zip Code 92620-0204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 384.00
Name of Employer United HealthCare Services Inc	Occupation SVP Operations	P/R Deduction (\$192.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3072.00	

Full Name (Last, First, Middle Initial) B. KATHIE BRYAN		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 912 JOSHUA PLACE		Transaction ID : PR2119469428222
City SAN DIEGO	State CA	Zip Code 92154-2537
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer United HealthCare Services Inc	Occupation Assoc Dir Mrkting Comm	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. COLLEEN CAMPBELL		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 5515 W 73RD AVENUE		Transaction ID : PR2119469928222
City WESTMINSTER	State CO	Zip Code 80003-3311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer United HealthCare Services Inc	Occupation Assoc Dir Clinical Quality	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	464.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. DAVID CARLSON

Mailing Address 13130 WESTPORT ST

City MOORPARK State CA Zip Code 93021-2958

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Marketing Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : PR2119470228222

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. LESLIE CARTER

Mailing Address 19021 POPPY HILL CIRCLE

City HUNTINGTON BEACH State CA Zip Code 92648-6710

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Network Contracting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1536.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : PR2119470328222

Amount of Each Receipt this Period
192.00

P/R Deduction (\$96.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. RANDELL CORREIA

Mailing Address PO BOX 1025

City RANCHO SANTA FE State CA Zip Code 92067-1025

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SVP Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : PR2119471328222

Amount of Each Receipt this Period
60.00

P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	292.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. RICHARD CROSS
Full Name (Last, First, Middle Initial)
Mailing Address 11361 DONOVAN ROAD

City ROSSMOOR	State CA	Zip Code 90720-2931
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Deputy General Counsel (Mgr)
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR2119471828222

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

B. KENNETH DAVIS
Full Name (Last, First, Middle Initial)
Mailing Address 7640 N 10TH AVE

City PHOENIX	State AZ	Zip Code 85021-7108
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Medical Director
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR2119472528222

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

C. LINDA DAYAN
Full Name (Last, First, Middle Initial)
Mailing Address 5364 E ABBEYFIELD ST

City LONG BEACH	State CA	Zip Code 90815-3023
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Chief of Staff
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **304.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR2119472628222

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	128.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. TODD DEMBROSKI
Full Name (Last, First, Middle Initial)
Mailing Address 1390 FINCH LN
City GREEN BAY State WI Zip Code 54313-6400
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Assoc Dir Actuarial Services
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **240.00**

Date of Receipt **07 / 31 / 2012**
Transaction ID : PR2119472828222
Amount of Each Receipt this Period **300.00**
P/R Deduction (\$15.00 Bi-Weekly)

B. ANGELO GIAMBRONE
Full Name (Last, First, Middle Initial)
Mailing Address 1821 PARK STREET
City HUNTINGTON BEACH State CA Zip Code 92648-2734
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation SVP Networks
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **800.00**

Date of Receipt **07 / 31 / 2012**
Transaction ID : PR2119475128222
Amount of Each Receipt this Period **100.00**
P/R Deduction (\$50.00 Bi-Weekly)

C. AMY GILDERNICK
Full Name (Last, First, Middle Initial)
Mailing Address 2709 WILLIAMS GRANT
City DE PERE State WI Zip Code 54115-9456
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Assoc Dir Claims
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **320.00**

Date of Receipt **07 / 31 / 2012**
Transaction ID : PR2119475228222
Amount of Each Receipt this Period **40.00**
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **170.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 OF 134
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. DAVID HANSEN		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 33 VIA CONOCIDO		Transaction ID : PR2119476728222
City SAN CLEMENTE	State CA	Zip Code 92673-7044
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 270.00	
Name of Employer United HealthCare Services Inc	Occupation Health Plan CEO	P/R Deduction (\$135.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2160.00	

Full Name (Last, First, Middle Initial) B. SAMUEL HO		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 4220 OCEAN DR		Transaction ID : PR2119477928222
City MANHATTAN BEACH	State CA	Zip Code 90266-3059
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 307.60	
Name of Employer United HealthCare Services Inc	Occupation Market Grp Chief Clinical Off	P/R Deduction (\$153.80 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2460.80	

Full Name (Last, First, Middle Initial) C. KEVIN HOST		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 14617 GRANT ST		Transaction ID : PR2119478228222
City OVERLAND PARK	State KS	Zip Code 66221-2283
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00	
Name of Employer United HealthCare Services Inc	Occupation VP Pharmacy Operations	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional).....▶	617.60
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. BRIAN JEFFREY

Mailing Address 9 RIMROCK

City IRVINE State CA Zip Code 92603-3604

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Network Contracting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012

Transaction ID : PR2119479128222

Amount of Each Receipt this Period
50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. JOHN JONES

Mailing Address 3562 REDWOOD

City IRVINE State CA Zip Code 92606-2124

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1536.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012

Transaction ID : PR2119479228222

Amount of Each Receipt this Period
192.00

P/R Deduction (\$96.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. MARK KNUTSON

Mailing Address 13102 PALOMAR WAY

City NORTH TUSTIN State CA Zip Code 92705-2073

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Customer Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012

Transaction ID : PR2119480228222

Amount of Each Receipt this Period
30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **272.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. SANDY M LUEDKE
Full Name (Last, First, Middle Initial)

Mailing Address 1208 COPRINUS DR

City GREEN BAY State WI Zip Code 54313

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation IT Database Cnsltnt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **07 / 31 / 2012**

Transaction ID : PR2119482228222

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$15.00 Bi-Weekly)

B. HEATHER MACE-MEADOR
Full Name (Last, First, Middle Initial)

Mailing Address 13531 CARLTON OAKS

City SAN ANTONIO State TX Zip Code 78232-4902

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Medical & Clinical Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt **07 / 31 / 2012**

Transaction ID : PR2119482528222

Amount of Each Receipt this Period **40.00**

P/R Deduction (\$20.00 Bi-Weekly)

C. JEFFREY MASON
Full Name (Last, First, Middle Initial)

Mailing Address 5670 SHEMIRAN ST

City LA VERNE State CA Zip Code 91750-2380

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Sr Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **07 / 31 / 2012**

Transaction ID : PR2119483028222

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **100.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. KEITH E NYGARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1139 E OCEAN BOULEVARD #106
 City LONG BEACH State CA Zip Code 90802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Compliance Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2119485028222
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. TRACY L OLLMANN-WAGNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2839 TIMBER LANE
 City GREEN BAY State WI Zip Code 54313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Mgr Traffic/Workforce
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2119485228222
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. CYNTHIA OTTO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1855 O LEARY ROAD
 City NEENAH State WI Zip Code 54956-1533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assoc Dir Case Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2119485428222
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 100.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. LYNDA A PAXSON
Full Name (Last, First, Middle Initial)
Mailing Address 3924 E GARNET PL
City State Zip Code
HIGHLANDS RANCH CO 80126
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
United HealthCare Services Inc Sr Field Account Manager
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012
Transaction ID : PR2119485828222
Amount of Each Receipt this Period
50.00
P/R Deduction (\$25.00 Bi-Weekly)

B. MICHELLE PETERS
Full Name (Last, First, Middle Initial)
Mailing Address 1128 COUNTRYSIDE DR
City State Zip Code
DE PERE WI 54115-1040
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
United HealthCare Services Inc Dir Actuarial Services
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012
Transaction ID : PR2119486428222
Amount of Each Receipt this Period
30.00
P/R Deduction (\$15.00 Bi-Weekly)

C. AUSTIN PITTMAN
Full Name (Last, First, Middle Initial)
Mailing Address 14 LOCH RIDGE DRIVE
City State Zip Code
GREENSBORO NC 27408-3868
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
United HealthCare Services Inc President Networks
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
2160.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012
Transaction ID : PR2119486728222
Amount of Each Receipt this Period
270.00
P/R Deduction (\$135.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 134
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. CYNTHIA POLICH
 Mailing Address 3401 E VIA PALOMITA
 City TUCSON State AZ Zip Code 85718-3371
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation M&R President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2119486828222
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. SHARON RICCIUTI
 Mailing Address 55 PERENNIAL
 City IRVINE State CA Zip Code 92603-0621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Clinical Quality
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2119487928222
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. MARILYNN STYERS
 Mailing Address 6485 WAYFINDERS CT
 City CARLSBAD State CA Zip Code 92011-4076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP, Medical & Clinical Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2119490728222
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 280.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. CHERYL TANIGAWA MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5598 NAPLES CANAL
 City LONG BEACH State CA Zip Code 90803-4018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Enterprise Health Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2119491128222
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. CHERYL THOMSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 FOREST DR
 City SOBIESKI State WI Zip Code 54171-9748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Compliance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2119491628222
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. STEVEN TUCKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 12331 COUNTRY LANE
 City SANTA ANA State CA Zip Code 92705-3330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Regulatory Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1536.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2119492028222
 Amount of Each Receipt this Period 192.00
 P/R Deduction (\$96.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 322.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 134
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. SUSAN VANASTEN
 Full Name (Last, First, Middle Initial)
 Mailing Address W313 GOLDEN GLOW RD
 City KAUKAUNA State WI Zip Code 54130-7809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Site Dir Medicare Inside Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2119492628222
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. LINDA DAUGHERTY
 Full Name (Last, First, Middle Initial)
 Mailing Address 15442 NORTH 19TH WAY
 City PHOENIX State AZ Zip Code 85022-3329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Associate General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2119493528222
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. GREGORY WRIGHT
 Full Name (Last, First, Middle Initial)
 Mailing Address 13901 MAUVE DRIVE
 City SANTA ANA State CA Zip Code 92705-2649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2119494128222
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	170.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 134
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. GEORGE YOUNG
 Full Name (Last, First, Middle Initial)
 Mailing Address 36296 N 98TH WAY
 City State Zip Code
 SCOTTSDALE AZ 85262-3138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Regional Executive
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : PR2119494428222
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

B. FORREST BURKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 380 LEAF STREET
 City State Zip Code
 ORONO MN 55356-9733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc President PS Labor & Trust
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : PR2133132428222
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. DANIEL CUMMINGS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1929 FAIRMOUNT AVE
 City State Zip Code
 SAINT PAUL MN 55105-1539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Accounting
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : PR2133132628222
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 260.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 OF 134
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. BROR HULTGREN		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 408 22ND ST		Transaction ID : PR213313322822
City GOLDEN	State CO	Zip Code 80401-2452
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 76.92
Name of Employer United HealthCare Services Inc	Occupation VP Operations	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 615.36	

Full Name (Last, First, Middle Initial) B. ALLEN MILLER		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 6209 CRESCENT DRIVE		Transaction ID : PR213313362822
City EDINA	State MN	Zip Code 55436-2530
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 70.00
Name of Employer United HealthCare Services Inc	Occupation Regional Executive	P/R Deduction (\$35.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) C. SUSAN MORISATO		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 238 ARDMORE ROAD		Transaction ID : PR213313382822
City DES PLAINES	State IL	Zip Code 60016-2119
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 386.00
Name of Employer United HealthCare Services Inc	Occupation President Insurance Solutions	P/R Deduction (\$193.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2658.00	

SUBTOTAL of Receipts This Page (optional).....▶	532.92
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. KIMBERLY NETTLETON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5003 DARNELL
 City HOUSTON State TX Zip Code 77096-1510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir General Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2133133928222
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

B. T JEFFREY PUTNAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 303 ELMWOOD PLACE WEST
 City MINNEAPOLIS State MN Zip Code 55419-1349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Financial Plng & Analysis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3076.80

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2133134228222
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

C. DIANE SCHIMMELBUSCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2203 RIVER FALLS DRIVE
 City KINGWOOD State TX Zip Code 77339-3124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Medical & Clinical Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2133134628222
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 464.60
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. ROBERT FALKENBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 6069 WEATHERED OAK CT
 City WESTERVILLE State OH Zip Code 43082-8304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Health Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2145728428222
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

B. ROB FARAHANI
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 704
 City HUNTINGTON State NY Zip Code 11743-0704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir IT Project Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2145728528222
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

C. WAYNE MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 19521 SIERRA SOTO RD
 City IRVINE State CA Zip Code 92603-3840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP, Client Relationships
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2145729228222
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	193.84
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 134
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. LEAH RUMMEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 12100 TRAUTWEIN ROAD
 City AUSTIN State TX Zip Code 78737-9358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: United HealthCare Services Inc Occupation: Dir Govt Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 07 / 31 / 2012
Transaction ID : PR2145729528222
 Amount of Each Receipt this Period: 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

B. MICHAEL SCHWARZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 13935 WOODRIDGE PATH
 City SAVAGE State MN Zip Code 55378-3155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Military & Veterans Occupation: VP General Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt: 07 / 31 / 2012
Transaction ID : PR2145729728222
 Amount of Each Receipt this Period: 70.00
 P/R Deduction (\$35.00 Bi-Weekly)

C. DANNETTE SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 5414 BYSCANE LANE
 City MINNETONKA State MN Zip Code 55345-5601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: United HealthCare Services Inc Occupation: Sr Deputy General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3088.00

Date of Receipt: 07 / 31 / 2012
Transaction ID : PR2145729928222
 Amount of Each Receipt this Period: 386.00
 P/R Deduction (\$193.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	486.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. MARGARET WEAR

Mailing Address 44 TOPANGA

City IRVINE State CA Zip Code 92602-2422

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : PR2145730228222

Amount of Each Receipt this Period
100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. DAVID SPIVACK

Mailing Address 37 HIDDEN TRAIL

City IRVINE State CA Zip Code 92603-0212

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SVP Business Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3076.80**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : PR2162867628222

Amount of Each Receipt this Period
384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. CHRISTINE GIBSON

Mailing Address 8516 29TH AVE N

City NEW HOPE State MN Zip Code 55427-2622

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Strategic Initiatives

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1846.08**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : PR2225166728222

Amount of Each Receipt this Period
230.76

P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	715.36
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 134
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. ANDREW SLAVITT
 Full Name (Last, First, Middle Initial)
 Mailing Address 5125 MIRROR LAKES DRIVE
 City EDINA State MN Zip Code 55436-1341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Business Segment CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2225167428222
 Amount of Each Receipt this Period 500.00
 P/R Deduction (\$250.00 Bi-Weekly)

B. JEAN-FRANCOIS BEAULE
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 STRATFORD RD
 City FARMINGTON State CT Zip Code 06032-1444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP General Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 923.20

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2225813628222
 Amount of Each Receipt this Period 115.40
 P/R Deduction (\$57.70 Bi-Weekly)

C. NANCY MACK
 Full Name (Last, First, Middle Initial)
 Mailing Address 10140 26TH AVENUE NORTH
 City PLYMOUTH State MN Zip Code 55441-3226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2225818428222
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	645.40
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. MICHAEL MCGUIRE

Mailing Address 437 DRURY LANE

City WYCKOFF State NJ Zip Code 07481-2204

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Health Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : PR2225818828222

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. ERIC RANGEN

Mailing Address 15348 RED OAKS ROAD SE

City PRIOR LAKE State MN Zip Code 55372-1834

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SVP Chief Accounting Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3076.80**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : PR2225819328222

Amount of Each Receipt this Period
384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. JOHN RYAN

Mailing Address 45 WESTMORELAND LN

City NAPERVILLE State IL Zip Code 60540-5817

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation RVP Client Mgmt & Svc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **615.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : PR2225819628222

Amount of Each Receipt this Period
76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **501.52**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. ROY SAILOR
Full Name (Last, First, Middle Initial)
Mailing Address 276 COYOTE WILLOW DRIVE
City COLORADO SPRINGS State CO Zip Code 80921-7631
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Client Svc Acct Mgt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1230.72

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2225819728222
Amount of Each Receipt this Period 153.84
P/R Deduction (\$76.92 Bi-Weekly)

B. MICHAEL CORNE
Full Name (Last, First, Middle Initial)
Mailing Address 12642 CHIEFS COURT
City FISHERS State IN Zip Code 46037-9553
FEC ID number of contributing federal political committee. **C**
Name of Employer Golden Rule Financial Corp. Occupation VP Regulatory Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 224.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2231346928222
Amount of Each Receipt this Period 28.00
P/R Deduction (\$14.00 Bi-Weekly)

C. KAREN DIPALMO
Full Name (Last, First, Middle Initial)
Mailing Address 7533 PRAIRIE VIEW DR
City INDIANAPOLIS State IN Zip Code 46256-8408
FEC ID number of contributing federal political committee. **C**
Name of Employer Golden Rule Financial Corp. Occupation Dir Network Programs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2231347228222
Amount of Each Receipt this Period 60.00
P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 241.84
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 134
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. SUSAN FOWLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4396 CREEKSIDE PASS
 City ZIONSVILLE State IN Zip Code 46077-9291
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Golden Rule Financial Corp. Occupation VP UHO Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2231349728222
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

B. DONALD MUDGETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 8131 LAKE POINT WAY
 City INDIANAPOLIS State IN Zip Code 46256-1610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Golden Rule Financial Corp. Occupation Assoc Dir General Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2231351928222
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. DARRELL RICHEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 7244 TULIPTREE TRAIL
 City INDIANAPOLIS State IN Zip Code 46256-2136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Golden Rule Financial Corp. Occupation Deputy General Counsel (Mgr)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1280.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2231352328222
 Amount of Each Receipt this Period 160.00
 P/R Deduction (\$80.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 218.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 134
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. MICHAEL CONNLY		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : PR224762582822
Mailing Address 570 MONTCALM PL		Amount of Each Receipt this Period 200.00
City SAINT PAUL	State MN	Zip Code 55116-1730
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Chief Technology Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. JOSEPH CARCIONE		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : PR224762682822
Mailing Address 11 CARRIAGE WAY		Amount of Each Receipt this Period 115.40
City WHITE PLAINS	State NY	Zip Code 10605-5424
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Medical Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 923.20	P/R Deduction (\$57.70 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. KEVIN KANTOLA		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : PR224762702822
Mailing Address 7031 HALSTEAD DRIVE		Amount of Each Receipt this Period 50.00
City MINNETRISTA	State MN	Zip Code 55364-3201
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation VP, IT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	365.40
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. DENNIS O'BRIEN		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 61 LOUGHLIN AVE		Transaction ID : PR2247627328222
City COS COB	State CT	Zip Code 06807-2621
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 115.40	
Name of Employer United HealthCare Services Inc	Occupation RVP Network Mgmt	P/R Deduction (\$57.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 923.20	

Full Name (Last, First, Middle Initial) B. JEFFERY VERNEY		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 266 WESTLEDGE ROAD		Transaction ID : PR2247627428222
City WEST SIMSBURY	State CT	Zip Code 06092-2017
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 115.40	
Name of Employer United HealthCare Services Inc	Occupation VP General Management	P/R Deduction (\$57.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 923.20	

Full Name (Last, First, Middle Initial) C. DARRELL BROOKS		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 425 QUEENSLAND LANE NORTH		Transaction ID : PR2247627628222
City PLYMOUTH	State MN	Zip Code 55447-3457
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 115.40	
Name of Employer United HealthCare Services Inc	Occupation VP Information Technology	P/R Deduction (\$57.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 923.20	

SUBTOTAL of Receipts This Page (optional).....▶	346.20
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 134
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. SANJAY GARODIA

Mailing Address **282 MIDDAUGH**

City **CLARENDON HILLS** State **IL** Zip Code **60514-1067**

FEC ID number of contributing federal political committee. **C**

Name of Employer **United HealthCare Services Inc** Occupation **COO, IBS**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **615.36**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	2

Transaction ID : PR2247627828222

Amount of Each Receipt this Period

7	6	9	2
.	0	0	0

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. DANIEL OHMAN

Mailing Address **8970 MOOR PARK RUN**

City **DULUTH** State **GA** Zip Code **30097-6621**

FEC ID number of contributing federal political committee. **C**

Name of Employer **United HealthCare Services Inc** Occupation **Region CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **430.72**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	2

Transaction ID : PR2247628028222

Amount of Each Receipt this Period

5	3	8	4
.	0	0	0

53.84

P/R Deduction (\$26.92 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. JEFFREY CRUMBAUGH

Mailing Address **226 25TH ST DR SE**

City **CEDAR RAPIDS** State **IA** Zip Code **52403-1622**

FEC ID number of contributing federal political committee. **C**

Name of Employer **United HealthCare Services Inc** Occupation **M&R Sales Director**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **224.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	2

Transaction ID : PR2259635228222

Amount of Each Receipt this Period

2	8	0	0
.	0	0	0

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	158.76
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 OF 134
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. JOHN PRINCE		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : PR2259738428222
Mailing Address 546 HARRINGTON ROAD		Amount of Each Receipt this Period 194.00
City WAYZATA State MN Zip Code 55391-1550	FEC ID number of contributing federal political committee. C	P/R Deduction (\$97.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc Occupation Market Group CFO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1552.00

Full Name (Last, First, Middle Initial) B. CHRISTOPHER CRONN		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : PR2270522928222
Mailing Address 507 PRESSLER #3128		Amount of Each Receipt this Period 76.92
City AUSTIN State TX Zip Code 78703-5189	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 615.36

Full Name (Last, First, Middle Initial) C. SIMON STEVENS		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : PR2364863228222
Mailing Address 1716 EMERSON AVENUE SOUTH		Amount of Each Receipt this Period 217.40
City MINNEAPOLIS State MN Zip Code 55403-2906	FEC ID number of contributing federal political committee. C	P/R Deduction (\$108.70 Bi-Weekly)
Name of Employer United HealthCare Services Inc Occupation EVP UnitedHealth Group	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3913.12

SUBTOTAL of Receipts This Page (optional).....▶	488.32
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. JEANNE DE SA
Full Name (Last, First, Middle Initial)
Mailing Address 3000 TILDEN STREET NW #204-1

City WASHINGTON	State DC	Zip Code 20008-3017
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation VP Research
--	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR2402315928222

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

B. ANGELA KEPLEY CARRIER
Full Name (Last, First, Middle Initial)
Mailing Address 3219 PENINSULA DRIVE

City JAMESTOWN	State NC	Zip Code 27282-8717
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Case Mgmt
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR2402317728222

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

C. MARILYN LEVI-BAUMGARTEN
Full Name (Last, First, Middle Initial)
Mailing Address 4800 W 27TH ST

City SAINT LOUIS PARK	State MN	Zip Code 55416-1933
--------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir General Management
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR2402317928222

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	180.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. JAKE LOGAN
Full Name (Last, First, Middle Initial)

Mailing Address 4826 EAST CALLE REDONDA

City PHOENIX	State AZ	Zip Code 85018-2931
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Govt Rel Dir
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR2402318228222

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

B. MARIA MCCAULEY
Full Name (Last, First, Middle Initial)

Mailing Address 15916 MARSHFIELD DRIVE

City TAMPA	State FL	Zip Code 33624-1516
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Sr Project Manager II
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR2402318428222

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

C. STACY MCGRATH
Full Name (Last, First, Middle Initial)

Mailing Address 5625 CHOWEN AVE S

City EDINA	State MN	Zip Code 55410-2345
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Business Process
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR2402318528222

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 134
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. DIANE SOUZA
 Full Name (Last, First, Middle Initial)
 Mailing Address 360 STANLEY DRIVE
 City GLASTONBURY State CT Zip Code 06033-2624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation CEO Specialty Benefits
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3076.80

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2402320028222
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. LORI LILIENTHAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 11826 GERMAINE TERRACE
 City EDEN PRAIRIE State MN Zip Code 55347-5278
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation EVP Human Capital
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3088.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2402320228222
 Amount of Each Receipt this Period 386.00
 P/R Deduction (\$193.00 Bi-Weekly)

C. SHELLEY CRANLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3801 MAURICE COURT
 City LAS VEGAS State NV Zip Code 89108-5245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Regulatory Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2402444428222
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	970.60
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 134
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. DANIEL WEAVER
 Full Name (Last, First, Middle Initial)
 Mailing Address 7332 WOODGLEN PLACE
 City CASTLE PINES State CO Zip Code 80108-8285
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir General Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : PR2402444628222
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. JAY ANLIKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4306 MOUNTAIN LANE
 City WAUSAU State WI Zip Code 54401-8543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation CEO TPA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : PR2402445028222
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. JAMES BECKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 378 FERNDAL ROAD WEST
 City WAYZATA State MN Zip Code 55391-1559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : PR2402445128222
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	96.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 134
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. JAMES COLEMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4135 ETHAN DRIVE
 City EAGAN State MN Zip Code 55123-4908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Employee Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2402445228222
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. JAMES DONOVAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2816 MONTREAUX DRIVE
 City FRISCO State TX Zip Code 75034-1855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Bus Dev and Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2402445328222
 Amount of Each Receipt this Period 130.00
 P/R Deduction (\$65.00 Bi-Weekly)

C. JOHN LARSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 11688 TANGLEWOOD DRIVE
 City EDEN PRAIRIE State MN Zip Code 55347-4726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Business Segment CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3088.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2402445628222
 Amount of Each Receipt this Period 386.00
 P/R Deduction (\$193.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	716.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 134
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. JOY HIGA

Mailing Address 2208 ELM AVENUE

City State Zip Code
MANHATTAN BEACH CA 90266-2809

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc Dir Regulatory Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
07 / 31 / 2012
Transaction ID : PR2402446228222

Amount of Each Receipt this Period
60.00

P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. SOHINI JINDAL

Mailing Address 9300 IVY TREE LANE

City State Zip Code
GREAT FALLS VA 22066-2206

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt
07 / 31 / 2012
Transaction ID : PR2402446328222

Amount of Each Receipt this Period
200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. RUSSELL PETRELLA

Mailing Address 4612 MOORLAND AVENUE

City State Zip Code
EDINA MN 55424-1159

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc President C&S

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1400.00

Date of Receipt
07 / 31 / 2012
Transaction ID : PR2402446428222

Amount of Each Receipt this Period
200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	460.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 134
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. CORY ALEXANDER

Mailing Address 4203 BRADLEY LANE

City State Zip Code
 CHEVY CHASE MD 20815-5234

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc VP Gov't Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 3076.80

Date of Receipt
 07 / 31 / 2012
Transaction ID : PR2405428828222

Amount of Each Receipt this Period
 384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. JOSEPH STEVENS

Mailing Address 1621 BERKSHIRE RD

City State Zip Code
 COLUMBUS OH 43221-3907

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc Govt Rel Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 761.60

Date of Receipt
 07 / 31 / 2012
Transaction ID : PR2405429128222

Amount of Each Receipt this Period
 95.20

P/R Deduction (\$47.60 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. RODNEY ARMSTEAD

Mailing Address 406 LEWELEN CIRCLE

City State Zip Code
 ENGLEWOOD NJ 07631-2021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc VP Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 640.00

Date of Receipt
 07 / 31 / 2012
Transaction ID : PR2405430228222

Amount of Each Receipt this Period
 80.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 559.80

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 67 OF 134
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. KAREN SAELENS
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 N FLORENCE AVE
 City LITCHFIELD PARK State AZ Zip Code 85340-4424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR240854482822
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. KATHLYN WEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4118 38TH ST NW
 City WASHINGTON State DC Zip Code 20016-2218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR240854502822
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. GAIL KOZIARA KOZIARA BOUDREAUX
 Full Name (Last, First, Middle Initial)
 Mailing Address 841 HOLDEN COURT
 City LAKE FOREST State IL Zip Code 60045-4913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation EVP & Gr Pres UHC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3076.96

Date of Receipt 07 / 31 / 2012
Transaction ID : PR243711952822
 Amount of Each Receipt this Period 384.62
 P/R Deduction (\$192.31 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	464.62
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 68 OF 134
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. JEFFREY CORZINE		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : PR2437119728222
Mailing Address 7649 EARLINGTON PARKWAY		Amount of Each Receipt this Period 40.00
City DUBLIN	State OH	Zip Code 43017-3424
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Dir Marketing Bus Dev
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. RITA JOHNSON-MILLS		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : PR2437120128222
Mailing Address 9727 SKY LANE		Amount of Each Receipt this Period 30.00
City EDEN PRAIRIE	State MN	Zip Code 55347-3814
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation VP Operations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. DAVID LIVINGSTON		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : PR2437120228222
Mailing Address 24570 RIDGE POLE COURT		Amount of Each Receipt this Period 194.00
City SOUTH LYON	State MI	Zip Code 48178-8297
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Plan President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1552.00	P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	264.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 134
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. JACK WEISS

Mailing Address **6245 NORTH 75 STREET**

City **SCOTTSDALE** State **AZ** Zip Code **85250-4621**

FEC ID number of contributing federal political committee. **C**

Name of Employer **United HealthCare Services Inc** Occupation **Natl Medical Director/CMO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
07 / 31 / 2012

Transaction ID : PR2437120528222

Amount of Each Receipt this Period
50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. PAUL BALTHAZOR

Mailing Address **9013 FARNSWORTH AVENUE NORTH**

City **BROOKLYN PARK** State **MN** Zip Code **55443-1754**

FEC ID number of contributing federal political committee. **C**

Name of Employer **United HealthCare Services Inc** Occupation **Business Segment CFO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt
07 / 31 / 2012

Transaction ID : PR2437120728222

Amount of Each Receipt this Period
120.00

P/R Deduction (\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. KELLY CLARK

Mailing Address **13540 BIRCHWOOD AVENUE**

City **ROSEMOUNT** State **MN** Zip Code **55068-3561**

FEC ID number of contributing federal political committee. **C**

Name of Employer **United HealthCare Services Inc** Occupation **Business Segment CIO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **615.36**

Date of Receipt
07 / 31 / 2012

Transaction ID : PR2437121328222

Amount of Each Receipt this Period
76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **246.92**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 134
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. LAURA NESS

Mailing Address 10550 PINNACLE WAY

City State Zip Code
WOODBURY MN 55129-4282

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
624.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : PR2437121528222

Amount of Each Receipt this Period
78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. JOHN COSGRIFF

Mailing Address 1837 SUMMIT LANE

City State Zip Code
MENDOTA HEIGHTS MN 55118-4137

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc Dir General Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : PR2437121628222

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. PETER RAINEY

Mailing Address 3115 WEST 47 STREET

City State Zip Code
MINNEAPOLIS MN 55410-1857

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
624.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : PR2437127528222

Amount of Each Receipt this Period
78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	196.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. ROBIN LIPPERT

Mailing Address 522 4 STREET SOUTH EAST

City WASHINGTON State DC Zip Code 20003-4212

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3076.96

Date of Receipt
07 / 31 / 2012
Transaction ID : PR2439928028222

Amount of Each Receipt this Period
384.62

P/R Deduction (\$192.31 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. STEPHEN HEYMAN

Mailing Address 5300 SHERRILL AVENUE

City CHEVY CHASE State MD Zip Code 20815-3720

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt
07 / 31 / 2012
Transaction ID : PR2444265728222

Amount of Each Receipt this Period
200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. LORI MCDOUGAL

Mailing Address 19705 LAKEVIEW AVENUE

City EXCELSIOR State MN Zip Code 55331-9351

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation CEO - UMVS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3076.80

Date of Receipt
07 / 31 / 2012
Transaction ID : PR2445015328222

Amount of Each Receipt this Period
384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 969.22

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 134
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. DONALD LANGER		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 177 SOUTHBOROUGH ROAD		Transaction ID : PR2445015428222
City SOUTHINGTON	State CT	Zip Code 06489-4158
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer United HealthCare Services Inc	Occupation Plan President	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. CHARLES L WILKINS		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 10827 MOUNT CURVE ROAD		Transaction ID : PR2445016628222
City EDEN PRAIRIE	State MN	Zip Code 55347
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer United HealthCare Services Inc	Occupation CEO OH Financial Services	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. LILLI ANN HIRSH		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 7379 DEVIN LANE		Transaction ID : PR2445016728222
City SHAKOPEE	State MN	Zip Code 55379-7029
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.00
Name of Employer United HealthCare Services Inc	Occupation Dir Business Analysis	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.00	

SUBTOTAL of Receipts This Page (optional).....▶	168.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. MARK DUHAIME

Mailing Address 5781 RUBY DRIVE

City State Zip Code
TROY MI 48085-3922

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc VP Information Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
624.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : PR2445016928222

Amount of Each Receipt this Period
78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. EILEEN LIVERANI

Mailing Address 100 BOSTOCK ROAD

City State Zip Code
SHOKAN NY 12481-5400

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc Dir Customer Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
443.20

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : PR2460167228222

Amount of Each Receipt this Period
55.40

P/R Deduction (\$27.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. DANIEL KRAJNOVICH

Mailing Address 9958 BUTTOWNDOWN LANE

City State Zip Code
ZIONSVILLE IN 46077-8135

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc Health Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : PR2460167328222

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **173.40**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 OF 134 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. JUNE THIELEN
Full Name (Last, First, Middle Initial)
Mailing Address 6245 WAKEFIELD COURT
City SHAKOPEE State MN Zip Code 55379-7091
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation SVP Human Capital
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.80

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2460167528222
Amount of Each Receipt this Period 27.60
P/R Deduction (\$13.80 Bi-Weekly)

B. KARIN KEITEL
Full Name (Last, First, Middle Initial)
Mailing Address 3918 HAVEN ROAD
City MINNETONKA State MN Zip Code 55345-2371
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Business Segment Gen Counsel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2460167628222
Amount of Each Receipt this Period 100.00
P/R Deduction (\$50.00 Bi-Weekly)

C. SHELBY SOLOMON
Full Name (Last, First, Middle Initial)
Mailing Address 5702 BLAKE ROAD
City EDINA State MN Zip Code 55436-1105
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation President Government
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1840.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2460167928222
Amount of Each Receipt this Period 230.00
P/R Deduction (\$115.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	357.60
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. JELKA PETROVIC
Full Name (Last, First, Middle Initial)

Mailing Address 4454 PEPPER MILL LANE

City ORION State MI Zip Code 48359-2069

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Health Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012

Transaction ID : PR2460168028222

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

B. LARRY RENFRO
Full Name (Last, First, Middle Initial)

Mailing Address 5 DOVE LANE

City ANDOVER State MA Zip Code 01810-2845

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation EVP, UHG and CEO, Optum

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3076.80**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012

Transaction ID : PR2460168128222

Amount of Each Receipt this Period
384.60

P/R Deduction (\$192.30 Bi-Weekly)

C. DAVID ORBUCH
Full Name (Last, First, Middle Initial)

Mailing Address 3370 SYCAMORE LANE

City PLYMOUTH State MN Zip Code 55441-2229

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Chief Compliance Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **616.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012

Transaction ID : PR2460168228222

Amount of Each Receipt this Period
77.00

P/R Deduction (\$38.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **501.60**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 134
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. ERIC WEXLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 7220 WILLOW OAK DR
 City WEST BLOOMFIELD State MI Zip Code 48324-3081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Deputy General Counsel (Mgr)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 512.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2463723128222
 Amount of Each Receipt this Period 64.00
 P/R Deduction (\$32.00 Bi-Weekly)

B. KAREN WALKOWSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 6359 COUNTRY ROAD
 City EDEN PRAIRIE State MN Zip Code 55346-1342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Provider Svc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2463723428222
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. SUE SCHICK
 Full Name (Last, First, Middle Initial)
 Mailing Address 319 BERKLEY ROAD
 City MERION STATION State PA Zip Code 19066-1403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Health Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2480620528222
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$125.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 354.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. CHRISTOPHER ABBOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address W154N6076 HICKORY HOLLOW CT
 City State Zip Code
 MENOMONEE FALLS WI 53051-5891
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Regional Executive
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 224.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : PR2484541528222
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. JO ANNE ANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 6236 KNOLL DRIVE
 City State Zip Code
 EDINA MN 55436-1109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Integration
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1552.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : PR2484541628222
 Amount of Each Receipt this Period
 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. JAMES COPPENS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5965 LAKE LINDEN COURT
 City State Zip Code
 EXCELSIOR MN 55331-2907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP Total Compensation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1010.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : PR2484541928222
 Amount of Each Receipt this Period
 126.30
 P/R Deduction (\$63.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	348.30
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 78 OF 134
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. LILLIAN HECKMAN

Mailing Address **552 DEER LAKE CIRCLE**

City **BLUE BELL** State **PA** Zip Code **19422-1371**

FEC ID number of contributing federal political committee. **C**

Name of Employer **United HealthCare Services Inc** Occupation **Dir Project Management**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
07 / 31 / 2012

Transaction ID : PR2484542128222

Amount of Each Receipt this Period
60.00

P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. MARK PHILLIPS

Mailing Address **1760 LUCY RIDGE CT**

City **CHANHASSEN** State **MN** Zip Code **55317-7661**

FEC ID number of contributing federal political committee. **C**

Name of Employer **United HealthCare Services Inc** Occupation **SVP Sales**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt
07 / 31 / 2012

Transaction ID : PR2484542628222

Amount of Each Receipt this Period
78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. JERI KUBICKI

Mailing Address **7659 COLDSTREAM DRIVE**

City **CINCINNATI** State **OH** Zip Code **45255-3932**

FEC ID number of contributing federal political committee. **C**

Name of Employer **United HealthCare Services Inc** Occupation **VP Govt Rel**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
07 / 31 / 2012

Transaction ID : PR2486697828222

Amount of Each Receipt this Period
100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **238.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. THOMAS MANDERFELD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4835 PENN AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55419-5258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP General Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2486697928222
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. DIRK MCMAHON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1608 SUMMIT OAKS CT
 City BURNSVILLE State MN Zip Code 55337-4791
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Business Segment CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2491457028222
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. CHRISTOPHER S STANLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 12934 W 81ST AVE
 City ARVADA State CO Zip Code 80005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2491457428222
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	380.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 80 OF 134
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. KATHRYN SULLIVAN
Full Name (Last, First, Middle Initial)

Mailing Address 530 N LAKE SHORE DR # 2309

City CHICAGO	State IL	Zip Code 60611-7435
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Region CEO
--	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1552.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR2491457528222

Amount of Each Receipt this Period
194.00

P/R Deduction (\$97.00 Bi-Weekly)

B. MARTIN TOOMB
Full Name (Last, First, Middle Initial)

Mailing Address 4 STANLEY TERRACE

City DOVER	State NJ	Zip Code 07801-1605
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation VP, IT
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR2538641528222

Amount of Each Receipt this Period
30.00

P/R Deduction (\$15.00 Bi-Weekly)

C. KARA SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 3 14 STREET NORTH EAST

City WASHINGTON	State DC	Zip Code 20002-8418
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2461.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR2540175328222

Amount of Each Receipt this Period
307.70

P/R Deduction (\$153.85 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	531.70
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. HYLLIUS EDWARDS
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 44246

City DENVER	State CO	Zip Code 80201-4246
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR2541300428222

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

B. MATTHEW KING
Full Name (Last, First, Middle Initial)
Mailing Address 1112 LORME COURT

City BRENTWOOD	State TN	Zip Code 37027-7896
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR2541300528222

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

C. JOHN VERSAGGI
Full Name (Last, First, Middle Initial)
Mailing Address 800 ALBANY AVENUE

City ALEXANDRIA	State VA	Zip Code 22302-3501
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1538.56**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR2541300828222

Amount of Each Receipt this Period

192.32

P/R Deduction (\$96.16 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	392.32
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. JOHN DOHERTY
Full Name (Last, First, Middle Initial)

Mailing Address 5338 SPILMAN AVENUE

City SACRAMENTO State CA Zip Code 95819-1734

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
07 / 31 / 2012

Transaction ID : PR2542024528222

Amount of Each Receipt this Period
100.00

P/R Deduction (\$50.00 Bi-Weekly)

B. MATTHEW ONSTOTT
Full Name (Last, First, Middle Initial)

Mailing Address 2324 LA SENDA STREET

City SANTA FE State NM Zip Code 87505-5508

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt
07 / 31 / 2012

Transaction ID : PR2542024628222

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

C. BRENDAN HOSTETLER
Full Name (Last, First, Middle Initial)

Mailing Address 3643 N SEELEY AVENUE #2

City CHICAGO State IL Zip Code 60618-4925

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
07 / 31 / 2012

Transaction ID : PR2542541928222

Amount of Each Receipt this Period
60.00

P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **200.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. JENNIFER MCMULLEN
Full Name (Last, First, Middle Initial)

Mailing Address 857 GLENBROOK DRIVE

City ATLANTA State GA Zip Code 30318-1621

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **07 / 31 / 2012**

Transaction ID : PR2542542128222

Amount of Each Receipt this Period **50.00**

P/R Deduction (\$25.00 Bi-Weekly)

B. RICHARD RAMSAY
Full Name (Last, First, Middle Initial)

Mailing Address 543 E LURAY AVE

City ALEXANDRIA State VA Zip Code 22301-1605

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **07 / 31 / 2012**

Transaction ID : PR2542542228222

Amount of Each Receipt this Period **100.00**

P/R Deduction (\$50.00 Bi-Weekly)

C. IPYANA SPENCER
Full Name (Last, First, Middle Initial)

Mailing Address 4226 40TH STREET NORTH

City ARLINGTON State VA Zip Code 22207-4610

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt **07 / 31 / 2012**

Transaction ID : PR2542542328222

Amount of Each Receipt this Period **60.00**

P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **210.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. ANNE YAU
Full Name (Last, First, Middle Initial)

Mailing Address 9905 WOODLAND DRIVE

City SILVER SPRING State MD Zip Code 20902

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Govt Rel Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2543582528222

Amount of Each Receipt this Period 30.00

P/R Deduction (\$15.00 Bi-Weekly)

B. CHANTA COMBS
Full Name (Last, First, Middle Initial)

Mailing Address 4229 SUMMERTREE DRIVE

City TALLAHASSEE State FL Zip Code 32311-3331

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 615.36

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2552313528222

Amount of Each Receipt this Period 76.92

P/R Deduction (\$38.46 Bi-Weekly)

C. RICHARD BAER
Full Name (Last, First, Middle Initial)

Mailing Address 6356 SMITHTOWN ROAD

City EXCELSIOR State MN Zip Code 55331-8207

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation EVP, General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 833.34

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2552960528222

Amount of Each Receipt this Period 833.34

P/R Deduction (\$416.67 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 940.26

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. KEVIN BROOKS
Full Name (Last, First, Middle Initial)
Mailing Address 2750 FOUNTAIN LANE NORTH

City PLYMOUTH	State MN	Zip Code 55447-1705
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Marketing/Product DB
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **224.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR2552961028222

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

B. MARK BRUNELL
Full Name (Last, First, Middle Initial)
Mailing Address 20 VERMILION CLIFFS

City ALISO VIEJO	State CA	Zip Code 92656-8096
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Client Svc Acct Mgt
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **224.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR2552961228222

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

C. JEREMY BRYANT
Full Name (Last, First, Middle Initial)
Mailing Address 11700 ARBORHILL DRIVE

City ZIONSVILLE	State IN	Zip Code 46077-9683
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation KA Dir Acct Mgmt
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **560.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR2552961328222

Amount of Each Receipt this Period

70.00

P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	126.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 86 OF 134
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. MICHAEL EHLMAN			Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 10051 VALLEY RIDGE COURT			Transaction ID : PR2552962228222
City LAS VEGAS	State NV	Zip Code 89148-7602	Amount of Each Receipt this Period 28.00
FEC ID number of contributing federal political committee. C			P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer Health Plan of Nevada	Occupation Dir Applications Dvlpmnt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.00		

Full Name (Last, First, Middle Initial) B. SCOTT FLANNERY			Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 8508 TRELADY CT			Transaction ID : PR2552962328222
City PLANO	State TX	Zip Code 75024-6827	Amount of Each Receipt this Period 78.00
FEC ID number of contributing federal political committee. C			P/R Deduction (\$39.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Health Plan CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 624.00		

Full Name (Last, First, Middle Initial) C. CYNTHIA GOSS			Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 11515 FRIARS WALK TERRACE			Transaction ID : PR2552962528222
City GLEN ALLEN	State VA	Zip Code 23059-2599	Amount of Each Receipt this Period 28.00
FEC ID number of contributing federal political committee. C			P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Dir Health Econ & Outcomes		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.00		

SUBTOTAL of Receipts This Page (optional).....▶	134.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. WILLIAM GWINN		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 9302 CENTURY OAK COURT		Transaction ID : PR2552962628222
City BRENTWOOD	State TN	Zip Code 37027-3321
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.08
Name of Employer United HealthCare Services Inc	Occupation Dir Project Research Mgmt	P/R Deduction (\$14.04 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.64	

Full Name (Last, First, Middle Initial) B. CLAIRE HANNAN		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 25932 PORTAFINO DRIVE		Transaction ID : PR2552962728222
City MISSION VIEJO	State CA	Zip Code 92691-5716
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.00
Name of Employer United HealthCare Services Inc	Occupation VP General Management	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 624.00	

Full Name (Last, First, Middle Initial) C. OREN HERMEL		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 7705 WALDEN BLVD		Transaction ID : PR2552962828222
City WAUSAU	State WI	Zip Code 54401-9006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.00
Name of Employer United HealthCare Services Inc	Occupation Dir IT	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.00	

SUBTOTAL of Receipts This Page (optional).....▶	134.08
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. GREGORY JAMES		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 2323 KINGS POINT DRIVE		Transaction ID : PR2552963228222
City LARGO	State FL	Zip Code 33774-1009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.00
Name of Employer United HealthCare Services Inc	Occupation Medical Director	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 624.00	

Full Name (Last, First, Middle Initial) B. JARRETT JEDLICKA		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 13852 BIRCHWOOD AVE		Transaction ID : PR2552963328222
City ROSEMOUNT	State MN	Zip Code 55068-3583
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer United HealthCare Services Inc	Occupation Dir Traffic/Workforce	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

Full Name (Last, First, Middle Initial) C. BRADLEY JOHNSON		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 6705 SOUTHCREST DRIVE		Transaction ID : PR2552963428222
City EDINA	State MN	Zip Code 55435-1549
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.00
Name of Employer United HealthCare Services Inc	Occupation Dir Business Process	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.00	

SUBTOTAL of Receipts This Page (optional).....▶	186.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 89 OF 134
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. BENJAMIN KEHL

Mailing Address 19619 CALUMET COURT

City State Zip Code
 FARMINGTON MN 55024-1492

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc Dir General Management

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **640.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : PR2552963528222

Amount of Each Receipt this Period
80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. NARASIMHAN KIDAMBI

Mailing Address 18477 85TH AVE N

City State Zip Code
 MAPLE GROVE MN 55311-1663

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc Assoc Dir Business Analysis

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : PR2552963828222

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. JULIE MACLEOD

Mailing Address 15314 JEFFERS PASS NW

City State Zip Code
 PRIOR LAKE MN 55372-3614

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc Human Capital Partner (Mgr)

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **224.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : PR2552964428222

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ► **148.00**

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 134
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. MICHELLE MARTO		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 149 WILLIAMSBURG COURT		Transaction ID : PR2552964728222
City ALBANY	State NY	Zip Code 12203-5502
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel	Amount of Each Receipt this Period 28.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.00	P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. CARL MATTSON		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 405 ELIZABETH COURT		Transaction ID : PR2552964828222
City SCHENECTADY	State NY	Zip Code 12303-5276
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation Dir Client Svc Acct Mgt	Amount of Each Receipt this Period 28.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.00	P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. REBECCA MCCABE		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 111 CONNORS CIRCLE		Transaction ID : PR2552964928222
City CARY	State NC	Zip Code 27511-6693
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation KA Sr Sales Executive	Amount of Each Receipt this Period 28.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.00	P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	84.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 134
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. LESLIE PAULUS

Mailing Address 305 E TUCKEY LN

City PHOENIX State AZ Zip Code 85012-1048

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 224.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012

Transaction ID : PR2552965228222

Amount of Each Receipt this Period 28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. GARY PEKA

Mailing Address 1122 FALLS CURVE

City CHASKA State MN Zip Code 55318-1275

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Six Sigma Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 224.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012

Transaction ID : PR2552965328222

Amount of Each Receipt this Period 28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. DONALD POTTER

Mailing Address 116 FULLER LANE

City WINNETKA State IL Zip Code 60093-4213

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation NA VP, Client Relationships

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 224.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012

Transaction ID : PR2552965428222

Amount of Each Receipt this Period 28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	84.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. KRISTINE SAMSEL		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : PR2552965728222
Mailing Address 91 WAVERLY RD		Amount of Each Receipt this Period 28.00
City HUNTINGTON	State CT	Zip Code 06484-5835
FEC ID number of contributing federal political committee. C		P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Dir Provider Data	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.00	

Full Name (Last, First, Middle Initial) B. THOMAS SCIUTO		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : PR2552966128222
Mailing Address 160 ACORN LANE		Amount of Each Receipt this Period 78.00
City MILFORD	State CT	Zip Code 06461-1876
FEC ID number of contributing federal political committee. C		P/R Deduction (\$39.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation KA Dir Acct Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 624.00	

Full Name (Last, First, Middle Initial) C. THOMAS VANDERHEYDEN		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : PR2552966928222
Mailing Address 534 WAYZATA BLVD E		Amount of Each Receipt this Period 28.00
City WAYZATA	State MN	Zip Code 55391-1727
FEC ID number of contributing federal political committee. C		P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation VP, Product	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.00	

SUBTOTAL of Receipts This Page (optional).....▶	134.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 134
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. AARON WACKER

Mailing Address 4704 CAVAN ROAD

City MOUND State MN Zip Code 55364-1877

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Mgr Applications Dvlprmnt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **224.00**

Date of Receipt **07 / 31 / 2012**

Transaction ID : PR2552967028222

Amount of Each Receipt this Period **28.00**

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. WILLIAM WILLIAMS

Mailing Address 12419 BELLINGRATH STREET

City CARMEL State IN Zip Code 46032-7287

FEC ID number of contributing federal political committee. **C**

Name of Employer Golden Rule Insurance Company Occupation Associate General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **640.00**

Date of Receipt **07 / 31 / 2012**

Transaction ID : PR2552967128222

Amount of Each Receipt this Period **80.00**

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. MARK HENRY

Mailing Address 2237 REGAL COURT

City MURFREESBORO State TN Zip Code 37129-1343

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Assoc Dir Network Programs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **224.00**

Date of Receipt **07 / 31 / 2012**

Transaction ID : PR2553474428222

Amount of Each Receipt this Period **28.00**

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	136.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 94 OF 134
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. SCOTT NAASZ
 Mailing Address 14327 BLUEBIRD TRAIL NE
 City State Zip Code
 PRIOR LAKE MN 55372-1204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Customer Service
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 224.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : PR2553474728222
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. MONICA RAYBURN
 Mailing Address 688 WEST SYCAMORE
 City State Zip Code
 VERNON HILLS IL 60061-1084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Claims
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 624.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : PR2553475128222
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. ANDREW SULLIVAN
 Mailing Address 1101 ROSEWOOD DRIVE
 City State Zip Code
 ATLANTA GA 30306-3554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP OptumInsight Consulting
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 224.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : PR2553475328222
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 134.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 95 OF 134
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. RICHARD THOMAS

Mailing Address 5121 DUPONT AVENUE SOUTH

City State Zip Code
 MINNEAPOLIS MN 55419-1151

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc VP General Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 1552.00

Date of Receipt
 07 / 31 / 2012
Transaction ID : PR2553475428222

Amount of Each Receipt this Period
 194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. DENEEN VOJTA

Mailing Address 5201 KELLOGG AVENUE

City State Zip Code
 EDINA MN 55424-1304

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc SVP Bus Initiatives & Clin Aff

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 3088.00

Date of Receipt
 07 / 31 / 2012
Transaction ID : PR2553475528222

Amount of Each Receipt this Period
 386.00

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. DANIEL ZERAF A

Mailing Address 61234 ADMIRAL DRIVE

City State Zip Code
 WASHINGTON TOWNSHIP MI 48094-1242

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc VP, IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 224.00

Date of Receipt
 07 / 31 / 2012
Transaction ID : PR2553475728222

Amount of Each Receipt this Period
 28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **608.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 134
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. COLLEEN COHAN

Mailing Address 17402 SAINT THERESA DRIVE

City OLNEY	State MD	Zip Code 20832-2547
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Associate General Counsel
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **224.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : PR2554012728222

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. DINO COLALUCA

Mailing Address 23314 EVAN COURT NORTH

City NEW BOSTON	State MI	Zip Code 48164-8507
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation VP, IT
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **224.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : PR2554012828222

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. SHELLY ESPINOSA

Mailing Address 4060 WHITE OAK LANE

City EXCELSIOR	State MN	Zip Code 55331-7753
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Found/Social Resp
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **224.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : PR2554012928222

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	84.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. KARSTEN FLAGSTAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13420 JAY ST NW
 City ANDOVER State MN Zip Code 55304-4015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Information Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 624.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2554013028222
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. PATRICK MEYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 20676 HAZELWOOD TRAIL
 City LAKEVILLE State MN Zip Code 55044-4678
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assoc Dir Intl Aud & Adv Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2554013128222
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. THOMAS MOORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 10733 TAVISTOCK DRIVE
 City TAMPA State FL Zip Code 33626-1718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation PS VP Sales (Region)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2554013228222
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 134.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 134
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. GREGORY REIDY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1016 BLAKEFIELD DRIVE
 City BRENWOOD State TN Zip Code 37027-8479
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Health Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2554013328222
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. ASIR AHMAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1935 HILLWOOD DRIVE
 City BLOOMFIELD HILLS State MI Zip Code 48304-2420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2560064028222
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. JOY ALEXANDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 7624 HASKELL FLATS DRIVE
 City LAS VEGAS State NV Zip Code 89128-7350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Plan of Nevada Occupation Assoc Dir Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2560064128222
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 134
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. JIM BENNETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 3724 PINE TIP ROAD
 City TALLAHASSEE State FL Zip Code 32312-1016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Associate General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2560064228222
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. DANIEL CLUTE
 Full Name (Last, First, Middle Initial)
 Mailing Address 6017 N 68TH STREET
 City OMAHA State NE Zip Code 68104-1006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1552.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2560064428222
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. CRAIG GAGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5724 EAGLEMOUNT CIRCLE
 City LITHIA State FL Zip Code 33547-3840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 624.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2560064728222
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 100 OF 134
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. PAULA GAZELEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 36 MAYFAIR ROAD
 City WYNANTSKILL State NY Zip Code 12198-8018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Strategic Client Exec-EmpireRx
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2560064828222
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. DONALD GIANCURSIO
 Full Name (Last, First, Middle Initial)
 Mailing Address 72 MIDNIGHT RIDGE DR
 City LAS VEGAS State NV Zip Code 89135-1680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Plan of Nevada Occupation Health Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3088.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2560064928222
 Amount of Each Receipt this Period 386.00
 P/R Deduction (\$193.00 Bi-Weekly)

C. STEVEN HOLM
 Full Name (Last, First, Middle Initial)
 Mailing Address 9369 GLACIER ROAD
 City MINNETRISTA State MN Zip Code 55375-1351
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation IT Project Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2560065028222
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 442.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 134
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. JERI JONES
 Full Name (Last, First, Middle Initial)
 Mailing Address 512 W ORANGEWOOD AVE
 City PHOENIX State AZ Zip Code 85021-7252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Health Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 624.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2560065128222
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. SHELDON LIPPMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 CLIFFFIELD ROAD
 City BEDFORD State NY Zip Code 10506-1210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1552.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2560065428222
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. ANGELA LOBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 2837 EAST PARK PLACE
 City MILWAUKEE State WI Zip Code 53211-3845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SB VP Sales and Account Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1552.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2560065528222
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	466.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. JEFFREY LUCHT		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 191 MAIN ST		Transaction ID : PR2560065628222
City S GLASTONBURY	State CT	Zip Code 06073-3004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 194.00
Name of Employer United HealthCare Services Inc	Occupation SVP, Actuarial & Underwriting	P/R Deduction (\$97.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1552.00	

Full Name (Last, First, Middle Initial) B. KEVIN MARONEY		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 5052 NORMAN DRIVE		Transaction ID : PR2560065728222
City MINNETONKA	State MN	Zip Code 55345-4636
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.00
Name of Employer United HealthCare Services Inc	Occupation Associate General Counsel	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.00	

Full Name (Last, First, Middle Initial) C. DAVID MILICH		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 2702 BIRCHMERE COURT		Transaction ID : PR2560066028222
City KATY	State TX	Zip Code 77450-1303
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.00
Name of Employer United HealthCare Services Inc	Occupation Health Plan CEO	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 624.00	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 134
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. WILLIAM O'BRYANT
 Full Name (Last, First, Middle Initial)
 Mailing Address 22191 WESTCLIFF
 City MISSION VIEJO State CA Zip Code 92692-4310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2560066128222
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. RICHARD PERRIER
 Full Name (Last, First, Middle Initial)
 Mailing Address 9502 MANY MILE MEWS
 City COLUMBIA State MD Zip Code 21046-2050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA VP Account Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2560066228222
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. DONALD ROWE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3B LINDEN PLACE
 City HARTFORD State CT Zip Code 06106-1730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA Dir of AM (producing)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2560066528222
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. DENISE VAIL
Full Name (Last, First, Middle Initial)

Mailing Address 35 CLEVELAND AVENUE

City SAYVILLE State NY Zip Code 11782-1322

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Client Svc Acct Mgt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 224.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR256006682822

Amount of Each Receipt this Period 28.00

P/R Deduction (\$14.00 Bi-Weekly)

B. DEBRA COLLINS
Full Name (Last, First, Middle Initial)

Mailing Address 3862 CARRIAGE HILL DRIVE

City FREDERICK State MD Zip Code 21704-7313

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Network Programs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR256039802822

Amount of Each Receipt this Period 30.00

P/R Deduction (\$15.00 Bi-Weekly)

C. KRISTA DICKMAN
Full Name (Last, First, Middle Initial)

Mailing Address 2533 ONYX DRIVE

City SHAKOPEE State MN Zip Code 55379-2770

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 224.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR256039812822

Amount of Each Receipt this Period 28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 86.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 105 OF 134
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. GEORGE KOREAN		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : PR2560398528222
Mailing Address 6 VERANO		Amount of Each Receipt this Period 28.00
City FOOTHILL RANCH	State CA	Zip Code 92610-1827
FEC ID number of contributing federal political committee. C		P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Dir Actuarial Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.00	

Full Name (Last, First, Middle Initial) B. ROBERT LASSITER		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : PR2560398628222
Mailing Address 848 N RAINBOW BLVD		Amount of Each Receipt this Period 78.00
City LAS VEGAS	State NV	Zip Code 89107
FEC ID number of contributing federal political committee. C		P/R Deduction (\$39.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Solution Sls Exec OptumInsight	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 546.00	

Full Name (Last, First, Middle Initial) C. TIMOTHY NOEL		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : PR2560398828222
Mailing Address 4408 THOMAS AVE SOUTH		Amount of Each Receipt this Period 78.00
City MINNEAPOLIS	State MN	Zip Code 55410-1968
FEC ID number of contributing federal political committee. C		P/R Deduction (\$39.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation VP Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 624.00	

SUBTOTAL of Receipts This Page (optional).....▶	184.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 134
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. JAMES CRONIN		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 20700 DELTA DRIVE		Transaction ID : PR2560821128222
City GAITHERSBURG	State MD	Zip Code 20882-1121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.92
Name of Employer United HealthCare Services Inc	Occupation Health Plan CEO	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 615.36	

Full Name (Last, First, Middle Initial) B. JOHN GILLES		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 15065 IRONWOOD COURT		Transaction ID : PR2560821128222
City EDEN PRAIRIE	State MN	Zip Code 55346-2603
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.00
Name of Employer United HealthCare Services Inc	Occupation Dir General Management	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.00	

Full Name (Last, First, Middle Initial) C. PATRICK O'BRIEN		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 33 BARRINGTON DRIVE		Transaction ID : PR2560821428222
City BEDFORD	State NH	Zip Code 03110-5601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.00
Name of Employer United HealthCare Services Inc	Occupation VP General Management	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.00	

SUBTOTAL of Receipts This Page (optional).....▶	132.92
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. MARIE PERO		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 516 APPLE LANE		Transaction ID : PR2560821528222
City HARLEYSVILLE	State PA	Zip Code 19438-2549
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation Dir Product	Amount of Each Receipt this Period 28.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.00	P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. JOY STEPHENS		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 7320 YORK AVE N		Transaction ID : PR2560821628222
City BROOKLYN PARK	State MN	Zip Code 55443-3544
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation Sr IT Business Analysis Cnslt	Amount of Each Receipt this Period 28.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.00	P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. BRIAN LUND		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 464 EAST NORTH AVE		Transaction ID : PR2561457628222
City GRANTSBURG	State WI	Zip Code 54840-7423
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation Mgr Tax	Amount of Each Receipt this Period 78.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 374.00	P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	134.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. LARRY W CAVANAUGH		Date of Receipt
Mailing Address 520 NE 20TH ST # 1010		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
FORT LAUDERDALE	FL	33305
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2563211028222
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Spec Ben Govt Dental Sales Mgr	<input type="text" value="78.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$39.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="624.00"/>	

Full Name (Last, First, Middle Initial) B. KATHLEEN CRAMPTON		Date of Receipt
Mailing Address 2335 SOUTH OCEAN BLVD B5		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
PALM BEACH	FL	33480-5368
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2563211128222
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Plan President	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$100.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1600.00"/>	

Full Name (Last, First, Middle Initial) C. JACQULYN BARTON		Date of Receipt
Mailing Address 1587 112 TH COURT WEST		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
INVER GROVE HEIGHTS	MN	55077-5412
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2563211228222
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	VP, Human Capital Partner	<input type="text" value="28.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$14.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="224.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="306.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. JENNIFER WALSH
Full Name (Last, First, Middle Initial)

Mailing Address 3116 4TH STREET NORTH

City ARLINGTON State VA Zip Code 22201-1614

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1552.00

Date of Receipt
07 / 31 / 2012
Transaction ID : PR2564296828222

Amount of Each Receipt this Period
194.00

P/R Deduction (\$97.00 Bi-Weekly)

B. ARTHUR MILLER
Full Name (Last, First, Middle Initial)

Mailing Address 5009 ASHINGTON LANDING DRIVE

City TAMPA State FL Zip Code 33647-3515

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP General Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2666.72

Date of Receipt
07 / 31 / 2012
Transaction ID : PR2564296928222

Amount of Each Receipt this Period
333.34

P/R Deduction (\$166.67 Bi-Weekly)

C. ANDREW MACKENZIE
Full Name (Last, First, Middle Initial)

Mailing Address 1912 IRVING AVE S

City MINNEAPOLIS State MN Zip Code 55403-2823

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Business Segment CMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt
07 / 31 / 2012
Transaction ID : PR2564297128222

Amount of Each Receipt this Period
200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 727.34

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. STEPHEN SWANSON
Full Name (Last, First, Middle Initial)
Mailing Address 3001 HUNTINGTON COURT

City KATY	State TX	Zip Code 77493-1159
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation KA VP Account Management
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **624.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR2564297328222

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

B. HARVEY BALTHASER
Full Name (Last, First, Middle Initial)
Mailing Address 11417 ARCHSTONE DR

City AUSTIN	State TX	Zip Code 78739-1907
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Medical Director
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **624.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR2564297528222

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

C. STEVEN WALLI
Full Name (Last, First, Middle Initial)
Mailing Address 18615 CHARLEVOIX LANE

City CHESTERFIELD	State MO	Zip Code 63005-6200
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Health Plan CEO
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **224.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR2564297628222

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	184.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. ELLEN DAMATO
Full Name (Last, First, Middle Initial)
Mailing Address 1300 DALHART DRIVE
City ALLEN State TX Zip Code 75013-5339
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Network Contracting
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 224.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2564802228222
Amount of Each Receipt this Period 28.00
P/R Deduction (\$14.00 Bi-Weekly)

B. JOSH WILLSON
Full Name (Last, First, Middle Initial)
Mailing Address 704 SUELLEN CIR
City COLLEYVILLE State TX Zip Code 76034-3101
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation SB VP Sales and Account Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 224.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2564802528222
Amount of Each Receipt this Period 28.00
P/R Deduction (\$14.00 Bi-Weekly)

C. CHRISTOPHER CARLSON
Full Name (Last, First, Middle Initial)
Mailing Address 12801 OVERLOOK ROAD
City DAYTON State MN Zip Code 55327-9678
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation VP General Management
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 320.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2564802628222
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	96.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. PAUL HANSEN		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 18430 62ND PLACE NORTH		Transaction ID : PR2564802728222
City MAPLE GROVE	State MN	Zip Code 55311-4585
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 194.00	
Name of Employer United HealthCare Services Inc	Occupation Controller - Market Group	P/R Deduction (\$97.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1552.00	

Full Name (Last, First, Middle Initial) B. MARYELLEN GOODWIN		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 1678 BRIDGEWATER DRIVE		Transaction ID : PR2564802928222
City LAKE MARY	State FL	Zip Code 32746-4103
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 28.00	
Name of Employer United HealthCare Services Inc	Occupation KA VP Sales and Account Mgmt	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.00	

Full Name (Last, First, Middle Initial) C. ELIZABETH MORAN		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 2231 BENT TREE LANE		Transaction ID : PR2564803128222
City MENDOTA HEIGHTS	State MN	Zip Code 55120-2003
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 194.00	
Name of Employer United HealthCare Services Inc	Occupation Chief Complnc/Ethics Officer	P/R Deduction (\$97.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1552.00	

SUBTOTAL of Receipts This Page (optional).....▶	416.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 134
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. KATHERINE KENNY
 Full Name (Last, First, Middle Initial)
 Mailing Address 22408 FITZGERALD DRIVE
 City LAYTONSVILLE State MD Zip Code 20882-2301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SB, VP of Account Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 624.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2564803228222
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. PAUL MARDEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 718 HICKORY HILL RD
 City FRANKLIN LAKES State NJ Zip Code 07417-1707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA VP Sales and Account Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 624.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2564803328222
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. MARK BELLMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5601 VAN WINKLE LN
 City AUSTIN State TX Zip Code 78739-1694
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SB VP Sales and Account Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2564803528222
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	184.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 114 OF 134
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. WILLIAM MCENERY
Full Name (Last, First, Middle Initial)

Mailing Address 2012 HUMBOLDT AVENUE SOUTH

City MINNEAPOLIS	State MN	Zip Code 55405-2507
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Business Segment CMO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR2564803628222

Amount of Each Receipt this Period
200.00

P/R Deduction (\$100.00 Bi-Weekly)

B. LISA WRIGHT
Full Name (Last, First, Middle Initial)

Mailing Address 2415 HILLSDALE PLACE SE

City WASHINGTON	State DC	Zip Code 20020-4450
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Sr Product Manager
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
224.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR2564803728222

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

C. TAMMY O'HARE
Full Name (Last, First, Middle Initial)

Mailing Address 2420 SAINT GEORGE WAY

City BROOKEVILLE	State MD	Zip Code 20833-3265
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation SB VP Sales and Account Mgmt
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
624.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR2564803928222

Amount of Each Receipt this Period
78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	306.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. DEBRA BERNIS
Full Name (Last, First, Middle Initial)
Mailing Address 2553 WASHBURN AVENUE SOUTH

City	State	Zip Code
MINNEAPOLIS	MN	55416-4350

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
United HealthCare Services Inc	Sr Deputy General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1552.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR2564804028222

Amount of Each Receipt this Period
194.00

P/R Deduction (\$97.00 Bi-Weekly)

B. BARRY HOFER
Full Name (Last, First, Middle Initial)
Mailing Address 10464 SHELTER GROVE

City	State	Zip Code
EDEN PRAIRIE	MN	55347-4855

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
United HealthCare Services Inc	VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
224.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR2564804128222

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

C. KATHRYN RUBIN
Full Name (Last, First, Middle Initial)
Mailing Address 310 SYCAMORE LANE

City	State	Zip Code
PLYMOUTH	MN	55441-5615

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
United HealthCare Services Inc	VP Social Resp/Pres Foundation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1552.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR2564804328222

Amount of Each Receipt this Period
194.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	416.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 134
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. MELISSA EASON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2501 COLBY COVE
 City AUSTIN State TX Zip Code 78723-1534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Regulatory Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2564804428222
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. JARROD FORBES
 Full Name (Last, First, Middle Initial)
 Mailing Address 2121 PARK FOREST DRIVE
 City CHESTERFIELD State MO Zip Code 63017-5029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2564804528222
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. DONNA CRAIG
 Full Name (Last, First, Middle Initial)
 Mailing Address 10761 INDEPENDENCE WAY
 City CARMEL State IN Zip Code 46032-9333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Regional Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2565448828222
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	136.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. NORINE YUKON

Mailing Address 4904 BALCONES DRIVE

City State Zip Code
AUSTIN TX 78731-5417

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc Plan President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
224.00

Date of Receipt
07 / 31 / 2012
Transaction ID : PR2565449028222

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. NEIL MANSUKHANI

Mailing Address 4215 LAUREL RIDGE CIRCLE

City State Zip Code
WESTON FL 33331-4012

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc SB Dir PEO Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
224.00

Date of Receipt
07 / 31 / 2012
Transaction ID : PR2567129428222

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. DENISE ZAMORE

Mailing Address 12 NOLAN CIRCLE

City State Zip Code
MANCHESTER CT 06042-1777

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc Associate General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
224.00

Date of Receipt
07 / 31 / 2012
Transaction ID : PR2567129528222

Amount of Each Receipt this Period
28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 118 OF 134
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. ROBERT CLARK

Mailing Address 3220 XANTHUS LANE NORTH

City State Zip Code
 PLYMOUTH MN 55447-1056

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc Dir Marketing Bus Dev

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **624.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : PR2567129628222

Amount of Each Receipt this Period
78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. WENDY ARNONE

Mailing Address N62W13531 SUNBRUST DRIVE

City State Zip Code
 MENOMONEE FALLS WI 53051-8335

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc Health Plan CEO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : PR2568900528222

Amount of Each Receipt this Period
100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. KENDALL MARSH

Mailing Address N72 W24078 CRAVEN DR

City State Zip Code
 SUSSEX WI 53089-1998

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc SB Dir Account Mgmt

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **624.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : PR2568900628222

Amount of Each Receipt this Period
78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **256.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. MATTHEW STEARNS
Full Name (Last, First, Middle Initial)
Mailing Address 5131 MASSACHUSETTS AVENUE

City	State	Zip Code
BETHESDA	MD	20816-2739

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
United HealthCare Services Inc	Dir Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR2571777928222

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

B. RICHARD ELLIOTT
Full Name (Last, First, Middle Initial)
Mailing Address 715 WOODSCAPE TRAIL

City	State	Zip Code
ALPHARETTA	GA	30022-3246

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
United HealthCare Services Inc	Health Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR2572588828222

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

C. JEFFREY DEAN
Full Name (Last, First, Middle Initial)
Mailing Address W5912 DEAN ROAD

City	State	Zip Code
TOMAHAWK	WI	54487-8314

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
United HealthCare Services Inc	Assoc Dir Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : PR2572589428222

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	236.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. KEVIN CARLSON
Full Name (Last, First, Middle Initial)

Mailing Address 4909 WEST SUNNYSLOPE ROAD

City EDINA State MN Zip Code 55424-1170

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Chief of Staff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt **07 / 31 / 2012**

Transaction ID : PR2572590028222

Amount of Each Receipt this Period **78.00**

P/R Deduction (\$39.00 Bi-Weekly)

B. THERESA CLARKE
Full Name (Last, First, Middle Initial)

Mailing Address 16644 GRAND AVE

City BELLFLOWER State CA Zip Code 90706-5038

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Assoc Dir Utilization Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt **07 / 31 / 2012**

Transaction ID : PR2572591128222

Amount of Each Receipt this Period **78.00**

P/R Deduction (\$39.00 Bi-Weekly)

C. THOMAS WIFFLER
Full Name (Last, First, Middle Initial)

Mailing Address 1421 SOMERFIELD DRIVE

City BOLINGBROOK State IL Zip Code 60490-3207

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Health Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1164.00**

Date of Receipt **07 / 31 / 2012**

Transaction ID : PR2572992728222

Amount of Each Receipt this Period **194.00**

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **350.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 121 OF 134
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. MICHAEL MCGINNITY		Date of Receipt
Mailing Address 903 MCINDOE ST		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
WAUSAU	WI	54403-4976
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2573519028222
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Dir Client Svc Acct Mgt	<input type="text" value="78.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$39.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="429.00"/>	

Full Name (Last, First, Middle Initial) B. JOHN SICKELS		Date of Receipt
Mailing Address 1706 TALL OAKS		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
WAUSAU	WI	54403-8118
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2573519128222
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	TPA National VP Sales & AM	<input type="text" value="78.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$39.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="429.00"/>	

Full Name (Last, First, Middle Initial) C. ANITA MESSAL		Date of Receipt
Mailing Address 16935 41ST AVE N		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
PLYMOUTH	MN	55446-2360
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2573877028222
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	VP General Management	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$125.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="406.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 122 OF 134
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. CARY MCCARTY
Full Name (Last, First, Middle Initial)
Mailing Address 8800 RUMFIELD RD
City NORTH RICHLAND HILLS State TX Zip Code 76182-6131
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation VP General Management
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **312.00**

Date of Receipt **07 / 31 / 2012**
Transaction ID : PR2575059428222
Amount of Each Receipt this Period **78.00**
P/R Deduction (\$39.00 Bi-Weekly)

B. TAMI VERCHICK
Full Name (Last, First, Middle Initial)
Mailing Address 9916 DUSTY WINDS AVE
City LAS VEGAS State NV Zip Code 89117-5986
FEC ID number of contributing federal political committee. **C**
Name of Employer Southwest Medical Assoc. Inc. Occupation Mgr IT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **365.00**

Date of Receipt **07 / 31 / 2012**
Transaction ID : PR2575068928222
Amount of Each Receipt this Period **365.00**
P/R Deduction (\$365.00 Bi-Weekly)

C. SCOTT LYDON
Full Name (Last, First, Middle Initial)
Mailing Address 2 PLOWBOY PATH
City COMMACK State NY Zip Code 11725-1410
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1092.00**

Date of Receipt **07 / 31 / 2012**
Transaction ID : PR2575122228222
Amount of Each Receipt this Period **728.00**
P/R Deduction (\$364.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1171.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 123 OF 134
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. SCOTT CASSANO
 Mailing Address 8113 BANDOLEER CT
 City LAS VEGAS State NV Zip Code 89131-4561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Plan of Nevada Occupation Dir Provider Svc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : PR2575164428222
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. MICHAEL PATRICK STAMM
 Mailing Address 10640 ECHO LAKE DRIVE
 City ODESSA State FL Zip Code 33556-2114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP, Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : PR2575194628222
 Amount of Each Receipt this Period
 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. HOWARD GILPIN JR
 Mailing Address 1210 SHEPARD DRIVE
 City BLUE BELL State PA Zip Code 19422-3481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Director, Actuarial Consulting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : PR2575224928222
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 358.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 134
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. JOHN ESSLINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4944 W 151ST TERRACE
 City LEAWOOD State KS Zip Code 66224-9744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2575288928222
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. JEFFREY GOLDBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 3410 BRADLEY LANE
 City CHEVY CHASE State MD Zip Code 20815-3262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Strat Clnt Rel Ex OptumInsight
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2575326928222
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. MICHAEL TELESKY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2602 PENNINGTON PLACE
 City VALPARAISO State IN Zip Code 46383-9163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Spec Ben, KA & SB RVP Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR2575350928222
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	234.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. PAUL HEBERT		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 14 WINTER VILLAGE ROAD		Transaction ID : PR2575522328222
City GRANBY	State CT	Zip Code 06035-1130
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer United HealthCare Services Inc	Occupation CEO Specialty Benefits -Dental	P/R Deduction (\$125.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. MICHAEL PETEROY		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 1952 NORTHSTAR WAY APT 325		Transaction ID : PR2575585628222
City SAN MARCOS	State CA	Zip Code 92078-0956
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 78.00	
Name of Employer United HealthCare Services Inc	Occupation Dir Business Process	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

Full Name (Last, First, Middle Initial) C. CARLOS ADAME		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 42584 WHISTLE COURT		Transaction ID : PR2575755428222
City TEMECULA	State CA	Zip Code 92592-7105
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 78.00	
Name of Employer United HealthCare Services Inc	Occupation Human Capital Partner (Mgr)	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

SUBTOTAL of Receipts This Page (optional).....▶	406.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 126 OF 134
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. DAVID BROWN
Full Name (Last, First, Middle Initial)

Mailing Address 553 CAMBRIDGE ROAD

City State Zip Code
TURNERSVILLE NJ 08012-1427

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc Dir Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
234.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : PR2576158828222

Amount of Each Receipt this Period
78.00

P/R Deduction (\$39.00 Bi-Weekly)

B. DANIEL KENIRY
Full Name (Last, First, Middle Initial)

Mailing Address 5553 LITTLE FALLS ROAD

City State Zip Code
ARLINGTON VA 22207-1525

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United HealthCare Services Inc VP Gov't Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
485.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : PR2577379328222

Amount of Each Receipt this Period
194.00

P/R Deduction (\$97.00 Bi-Weekly)

C.
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	272.00
TOTAL This Period (last page this line number only).....▶	41593.70

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 127 OF 134
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. Hoyer For Congress
 Full Name (Last, First, Middle Initial)
 Mailing Address 607 14th Street, Nw
 Suite 800
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C** C00140715
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 12 / 2012
Transaction ID : 35115004
 Amount of Each Receipt this Period
 1000.00
 Refund of contribution

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Michael Burgess For Congress

Mailing Address PO Box 2334

City State Zip Code
Denton TX 76202

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Michael C. Burgess

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 26

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2012

Transaction ID : 35036182

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Medicaid Health Plans of America PAC

Mailing Address 1150 18th Street NW
Suite 1010

City State Zip Code
Washington DC 20036

Purpose of Disbursement
Contribution

011

Candidate Name

Medicaid Health Plans of America PAC

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2012

Transaction ID : 35036183

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Reinventing A New Direction - RANDPAC

Mailing Address P.O. Box 72598

City State Zip Code
Newport KY 41072

Purpose of Disbursement
Contribution

011

Candidate Name

Reinventing A New Direction - RANDPAC

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2012

Transaction ID : 35036184

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

9500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JOEPAC

Mailing Address 223 W Franklin Street

City Ephrata State PA Zip Code 17522

Purpose of Disbursement
Contribution

011

Candidate Name

JOEPAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2012

Transaction ID : 35036185

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Upton For All Of Us

Mailing Address P.O. Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Frederick Upton

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2012

Transaction ID : 35036186

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Collins For Senator

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Susan M. Collins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: ME District:

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2012

Transaction ID : 35036187

Amount of Each Disbursement this Period

4000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

11500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Bass Victory Committee

Mailing Address PO Box 3451

City Concord State NH Zip Code 03302

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Charles Bass

Category/
Type

Office Sought: House
 Senate
 President
State: NH District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2012

Transaction ID : 35036188

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Campaign For Our Country

Mailing Address PO Box 78116

City Washington State DC Zip Code 20013

Purpose of Disbursement
Contribution

011

Candidate Name

Campaign For Our Country

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2012

Transaction ID : 35081430

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Richard E. Neal

Category/
Type

Office Sought: House
 Senate
 President
State: MA District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2012

Transaction ID : 35081431

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Chambliss For Senate

Mailing Address Post Office Box 12469

City Atlanta State GA Zip Code 30355

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Saxby Chambliss

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2012

Transaction ID : 35081435

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Joe Wilson For Congress Committee

Mailing Address PO Box 2145

City West Columbia State SC Zip Code 29171

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Joe Wilson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: SC District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2012

Transaction ID : 35081436

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Matsui for Congress

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Doris Matsui

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2012

Transaction ID : 35081437

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

8500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Mark Pryor For US Senate

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Sen. Mark L. Pryor

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AR District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 23 / 2012

Transaction ID : 35081438

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

1000.00

TOTAL This Period (last page this line number only)..... ▶

39000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. United for Health PAC of Tennessee

Mailing Address 9900 Bren Road East

City State Zip Code
Minnetonka MN 55343

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 35006958

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Abercrombie for Governor

Mailing Address 1050 Ala Moana Boulevard, Suite 21

City State Zip Code
Honolulu HI 96814

Purpose of Disbursement
Neil Abercrombie, GOVERNOR HI

Candidate Name

HI Gov. Neil Abercrombie

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 35068232

Amount of Each Disbursement this Period

Neil Abercrombie, GOVERNOR HI

Full Name (Last, First, Middle Initial)

C. Friends of Malama Solomon

Mailing Address PO Box 370

City State Zip Code
Kamuela HI 96743

Purpose of Disbursement
Malama Solomon, STATE SENATE 1st HI

Candidate Name

HI Sen. Malama Solomon

Office Sought: House
 Senate
 President
State: HI District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 35070886

Amount of Each Disbursement this Period

Malama Solomon, STATE SENATE 1st HI

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶